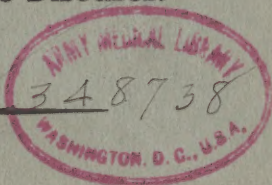


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PROVISIONS OF THE
SANITARY CODE
OF THE CITY OF NEW YORK
AND
REGULATIONS

RELATIVE TO
Reportable Diseases and Condi-
tions and Control of Com-
municable Diseases.



DEPARTMENT OF HEALTH
CITY OF NEW YORK
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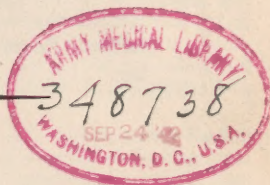
Hygiene Public

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New York (City) Ordinances
in **PROVISIONS OF THE
SANITARY CODE
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AND
REGULATIONS**

**RELATIVE TO
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**DEPARTMENT OF HEALTH
CITY OF NEW YORK**

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This booklet contains only that part of the Sanitary Code of the City of New York and those regulations, adopted by the Board of Health, as relate to reportable diseases and conditions, control of communicable diseases and other matters concerning the duties of private physicians, hospitals and others.

Copies of the complete Sanitary Code without the regulations of the Board of Health may be purchased from the City Record, Room 2213, Municipal Building.

Hygiene Pub.



**PROVISIONS OF THE SANITARY CODE
OF THE CITY OF NEW YORK
AND
REGULATIONS
RELATIVE TO**

**Reportable Diseases and Conditions and
Control of Communicable Diseases**

***Rabid and vicious animals, and animal bites
must be reported.***

Section 10. Rabid and vicious animals; dog or other animal bites; Department of Health to be notified; surrender, removal and destruction regulated.

1. Every animal that is mad or has rabies shall at once be killed by a representative of the Department of Health, a police officer or other authorized person or agency, and it shall be the duty of such person to notify immediately the Department of Health of the location of the body of such animal. Every person having knowledge of an animal that has died of rabies or suspected of having died of rabies shall notify immediately the Department of Health of the location of the body of such animal. In any of the aforesaid instances, the body of the animal shall be surrendered to the Department of Health.

2. It shall be the duty of every veterinarian having knowledge of and of every person owning or having possession of an animal suspected of rabies or an animal that has been bitten by, or has come in contact with a rabid animal, to confine and isolate at once such animal in some secure place, to notify immediately by telephone the Department of Health thereof and of the place where such animal is confined and to surrender same to the said Department.

3. Every animal that shows symptoms of rabies or is suspected of rabies shall be destroyed by the Department of Health, and every animal known to have been bitten by a rabid animal or having come in contact with a rabid animal, shall be destroyed by the Department of Health, or kept isolated and under quarantine for (6) months in a veterinary hospital approved by the Department of Health. For the purpose of this section an animal shall be deemed to have come in contact with a rabid animal if such animal has consorted with a rabid animal or was harbored in the same part of any premises, home, apartment or kennel with a rabid animal.

4. Should any person be bitten by a dog or other animal subject to rabies, it shall be the duty of the person bitten, and if a minor, his parent or guardian, the owner of the animal or person having the same in his possession or under his control, the person treating such bite, and the veterinarian having knowledge of such dog or animal bite, to notify immediately the Department of Health thereof, and the owner or person having possession thereof shall immediately bring and surrender said dog or animal to said Department for inspection and observation at the place or places designated by said Department. After the preliminary examination the dog or animal may be returned to the custody of the person from whom the same shall have been received, pending further examination at a future date designated by the veterinarian of the Department of Health, at which time the dog or animal shall be again brought and surrendered for further examination and observation. At the termination of the period of observation as determined by the Department's veterinarian, such dog or animal shall be released to the person from whom the same shall have been received if found not rabid or vicious, but if found to be rabid or suspicious of rabies or vicious, or vicious to such an extent as to be unsafe to be at large, it shall be destroyed by said Department. For the purposes of this section a vicious dog or animal shall be taken to mean and include a dog or animal that is mean, surly,

unfriendly and that will bite a person with or without provocation, as determined by the Department veterinarian. The term "vicious to such an extent as to be unsafe to be at large" shall be taken to mean and include a dog or animal that has bitten a person or various persons on three (3) separate occasions, with or without provocation, real or imaginary.

5. Any dog or other animal found upon examination by a veterinarian of the Department of Health to be vicious, shall be surrendered by the owner or person having possession thereof to the said department and shall be destroyed by the said department.

6. It shall be unlawful to remove any dog or animal to which the provisions of this section apply, or the body of any such dog or animal, except as herein provided. (S. C. 132.) (Amended October 9, 1934, March 8, 1938, May 9, 1939.)

Births must be reported within 2 days.

Section 31. Live birth defined; duty of physician, midwife, superintendent of hospital, parents and others to report; confidential supplementary medical reports; registry to be kept.

(a) The term "live birth" as used in this article shall mean a child born alive, and a child shall be deemed to have been born alive if there was a sign of life such as respiration, heart beat or movement of voluntary muscle, after the complete separation of the body of the child (head, trunk and limbs) from the body of the mother, notwithstanding whether the cord was or was not cut or the placenta was or was not removed.

(b) It shall be the duty of every physician and midwife who has assisted professionally at a live birth occurring in the City of New York, within two (2) days after such birth, to execute and file with the Bureau of Records of

the Department of Health in the borough wherein such birth occurred, a certificate of birth, together with a supplementary medical report of said birth, upon forms furnished by said Department. When a live birth occurs in a hospital, maternity home, nursing home, or other similar institution, or on an ambulance service connected therewith, the physician or midwife assisting professionally at such birth shall execute the certificate of birth, together with the supplementary medical report of said birth, as required herein, and it shall be the duty of the superintendent of the hospital, home or institution, to file said certificate and report, in the manner and within the time hereinbefore provided.

(c) When a live birth occurs in the City of New York in the absence of a physician or midwife, it shall be the duty of the parent or parents, and if there be no parent alive, then of the next of kin of the child and of every other person present at such birth within two (2) days after such birth, to execute and file with the Bureau of Records of the Department of Health in the borough wherein such birth occurred, upon a form furnished by said Department, a certificate of birth containing the information called for in items 1 to 9 inclusive of subdivision (d) hereof.

(d) There shall be no specific statement on the certificate of birth, indicating whether the child was born in or out of wedlock, or the marital name or status of the mother. Such certificate of birth shall contain:

- (1) The full name of the child as nearly as the same can be ascertained.
- (2) The date of birth, the name of the month being written in full.
- (3) The borough, street, and house number of the premises wherein such birth occurred; or if in a hospital or other institution, the name thereof.
- (4) The sex of the child.

- (5) The color or race of the child.
- (6) The number of children born of this pregnancy ; and if more than one, the number of this child in order of birth.
- (7) The full name, birthplace, age, color or race, occupation and industry, of the father of the child.
- (8) The maiden name, residence, birthplace, age, color or race, occupation and industry, of the mother of the child.
- (9) The number of previous children born alive to this mother, the number still living immediately before this birth, and the number born alive who died before this birth.
- (10) A certification by the physician or midwife, that he or she assisted professionally at the birth, that the birth occurred on the date, at the hour, and at the place mentioned therein, and that all the other facts stated in the certificate are true to the best of his or her knowledge, information and belief.
- (11) The signature and residence of the person reporting the birth, and the date on which the certificate was signed.
- (12) Any other data or information which the Board of Health may from time to time prescribe.

(e) The supplementary medical report of a live birth shall contain such medical information pertaining to said birth as the Board of Health may prescribe. The information required and given by the physician or midwife in the supplementary medical report of said birth shall be deemed not a part of the certificate of birth. The supplementary medical report shall be regarded and treated as a confidential and privileged communication, and shall not be subject to subpoena or open to inspection for any purpose whatsoever, except for scientific purposes approved by the Board of Health.

(f) It shall be the duty of every physician and midwife to make and to preserve indefinitely a registry of the several live births occurring in the City of New York at which he or she has assisted professionally. Such registry shall contain an entry for each such birth giving all the information required on the certificate of birth. The registry required to be kept by this section shall be made on forms furnished by the Department of Health. When such birth occurs in a hospital, maternity home, nursing home or other similar institution, or on an ambulance service connected therewith, the physician or midwife shall make the entry in the registry, and it shall be the duty of the superintendent of such hospital, home or institution, to preserve such registry indefinitely as a part of the records of the said hospital, home or institution.

This section to take effect January 1, 1939.

(Former §31 repealed and new §31 adopted December 12, 1938. Subdivisions (b) (c) and (d) amended June 13, 1939, effective September 15, 1939).

Fetal deaths must be reported within twenty-four hours.

Section 32. Fetal death defined; duty of physician, midwife, superintendent of hospital, parents and others to report; confidential supplementary medical reports; registry to be kept; duty of funeral director.

(a) The term "fetal death" as used in this article shall mean a stillbirth or a fetus delivered at an abortion (spontaneous, therapeutic or induced), that is, a fetus born dead, including a fetus recovered at operation in a case of ectopic gestation, by caesarian section, and a hydatid or hydatidiform mole delivered spontaneously or by operation.

The term "born dead" shall apply to any fetus in which there was no sign of life, such as respiration, heart beat or movement of voluntary muscle, after complete separation (head, trunk and limbs) from the body of the mother, notwithstanding whether the cord was or was not cut or the placenta was or was not removed.

(b) When a fetus is born dead (fetal death) in the City of New York, it shall be the duty of the physician who has assisted professionally at the delivery, extraction or expulsion of such dead fetus, or the midwife who has assisted professionally at the delivery of such dead fetus, within twenty-four (24) hours thereof, to execute and file with the Bureau of Records of the Department of Health in the borough wherein such delivery, extraction or expulsion occurred, a certificate of fetal death, together with a supplementary medical report of said fetal death, upon forms furnished by the said Department. When a fetal death occurs in a hospital, maternity home, nursing home, or other similar institution, or on an ambulance service connected therewith, the physician or midwife assisting professionally at the delivery, extraction or expulsion of such dead fetus shall execute the certificate of fetal death, together with the supplementary medical report of said fetal death, as required herein, and it shall be the duty of the superintendent of the hospital, home or institution, to file said certificate and report, in the manner and within the time hereinbefore provided.

(c) When a fetus is born dead (fetal death) in the City of New York, it shall also be the duty of the midwife who has assisted professionally at the delivery of such dead fetus, to report such fetal death at once by telephone or messenger to the Child Health Service of the Department of Health in the borough wherein such fetal death occurred. In all such cases, the midwife shall execute the certificate of fetal death and leave it at the place of fetal death for countersigning by a medical inspector of said Department and then file the certificate in the manner and within the time hereinbefore provided.

(d) When a fetus is born dead (fetal death) in the City of New York in the absence of a physician or midwife, it shall be the duty of the parent or parents, and if there be no parent alive, then of every other person present at such fetal death, to report such fetal death immediately by telephone to the office of the Chief Medical Examiner in the borough in which said fetal death occurred. It shall

also be the duty of every person who finds a dead fetus to make a similar report. The Chief Medical Examiner, in every fetal death investigated by him or his office, shall execute and file a certificate of fetal death, upon a form provided by the Department of Health, with the Bureau of Records of said Department in the borough wherein the fetal death occurred, or the fetus was found, within twenty-four (24) hours of the fetal death, or the finding of the fetus. If the required information is not completely available, a tentative certificate of fetal death, giving all available information, shall be filed by the Chief Medical Examiner in the time period hereinbefore provided, and such tentative certificate of fetal death shall be replaced by a permanent certificate of fetal death when the missing information shall be available, or the case is closed in the Chief Medical Examiner's records.

(e) The certificate of fetal death shall contain the information similar to that required for a live birth in Items 2 to 12 inclusive of subdivision (d) of Section 31 and, in addition thereto, a statement of the cause of the fetal death.

(f) The supplementary medical report of a fetal death shall contain such medical information pertaining to the fetal death as the Board of Health may prescribe. The information required and given by the physician or midwife in the supplementary medical report of said fetal death, shall be deemed not a part of the certificate of fetal death. The supplementary medical report shall be regarded and treated as a confidential and privileged communication, and shall not be subject to subpoena or open to inspection for any purpose whatsoever, except for scientific purposes approved by the Board of Health.

(g) It shall be the duty of every physician and midwife to make and preserve indefinitely a registry of the several fetal deaths occurring in the City of New York at which he or she was in professional attendance. Such registry shall contain an entry for each fetal death giving all the information required on the certificate of

fetal death. The registry required to be kept by this section shall be made on forms furnished by the Department of Health. When such fetal death occurs in a hospital, maternity home, nursing home, or other similar institution, or on an ambulance service connected therewith, the physician or midwife shall make the entry in the registry and it shall be the duty of the superintendent of such hospital, home or institution, to preserve such registry indefinitely as a part of the records of the said hospital, home or institution.

(h) A person required by this section to file with the Bureau of Records a certificate of fetal death together with a supplementary medical report of said fetal death shall be deemed to have fulfilled such requirement if he delivers the certificate of fetal death and such supplementary medical report, immediately upon demand and within the prescribed time limit for the filing thereof, to a funeral director who holds a permit from the Department of Health or the Board of Health of said Department to engage in the business or practice of undertaking in the City of New York, and who has been duly authorized by the nearest surviving relative to take charge of the fetus. A funeral director who, pursuant to the provisions of this section, obtains such a certificate of fetal death and supplementary medical report, shall be required to file such certificate and report with the Bureau of Records in the same manner and within the period of time hereinbefore provided for filing thereof. Where the fetus has been delivered to the City Mortuary, the delivery of the certificate of fetal death and the supplementary medical report to the representative of the City Mortuary shall be deemed equivalent to delivery to a duly qualified funeral director.

This section to take effect January 1, 1939.

(Former §32 repealed and new §32 adopted Dec. 12, 1938. Subdivision (e) amended June 13, 1939, effective Sept. 15, 1939).

Deaths must be reported within twenty-four hours.

Section 33. Deaths; duty of physician and superintendent of hospital to report and keep registry; confidential medical report; Medical Examiner to report deaths; duty of funeral directors.

(a) It shall be the duty of the physician who has attended a person in his or her last illness and whose death occurred in the City of New York, within twenty-four (24) hours after such death, to execute and file with the Bureau of Records of the Department of Health in the borough wherein such death occurred, a certificate of death upon forms furnished by said Department. When a death occurs in a hospital, maternity home, nursing home, or other similar institution, the physician who attended such deceased in his or her last illness shall execute the certificate of death, as required herein, and it shall be the duty of the superintendent of the hospital, home or institution to file said certificate in the manner and within the time hereinbefore provided.

(b) The certificate of death shall be in such form and contain such data and information as the Board of Health may from time to time prescribe. Where the Board of Health prescribes that the medical diagnosis of the cause of death be not stated on the certificate of death but be reported separately on a physician's confidential medical report, the physician shall detach the confidential medical report from the certificate of death, place the said report in the envelope provided for that purpose by the Department, seal and sign the envelope as directed thereon, and file it together with the certificate of death. The physician's confidential medical report of a death, required to be filed with such certificate of death, shall be deemed not a part of the certificate of death and shall be regarded and treated as a confidential and privileged communication, and shall not be subject to subpoena or open to inspection for any purpose whatsoever, except for scientific purposes approved by the Board of Health.

(c) It shall be the duty of every physician to make and preserve indefinitely a registry of the several deaths occurring in the City of New York at which the physician attended the deceased in his or her last illness. Such registry shall contain an entry for each death including such data and information as the Board of Health may from time to time prescribe, and shall be kept by the physician on forms furnished by the Department of Health. When a death occurs in a hospital, maternity home, nursing home, or other similar institution, the physician who attended the deceased in his or her last illness shall make the entry in the registry, and it shall be the duty of the superintendent of such hospital, home or institution, to preserve such registry indefinitely as a part of the records of said hospital, home or institution.

(d) When a person dies from criminal violence, by casualty, by suicide, suddenly when in apparent health, unattended by a physician, in prison, or in any suspicious or unusual manner, it shall be the duty of the physician who has responded to a call to attend such person, and if such a death occurred in a hospital, maternity home, nursing home, or other similar institution, the duty of the superintendent thereof, to report such death immediately by telephone to the office of the Chief Medical Examiner in the borough in which such death occurred. The Chief Medical Examiner, in every death investigated by him or his office, shall execute and file a certificate of death, upon a form provided by the Department of Health, with the Bureau of Records of said Department in the borough wherein the death occurred, or the body was found, within twenty-four (24) hours of the death, or of the finding of the body. If the dead person has not been identified or if the diagnosis is not complete, a tentative certificate of death, giving all available information, shall be filed by the Chief Medical Examiner in the time period hereinbefore provided, and such tentative certificate of death shall be replaced by a permanent certificate of death when the missing information shall be available, or the case is closed in the Chief Medical Examiner's records.

(e) A person required by this section to file with the Bureau of Records a certificate of death, or a certificate of death and a properly sealed envelope containing the physician's confidential medical report of death, shall be deemed to have fulfilled such requirement if he delivers the certificate of death, or such certificate and sealed envelope containing the physician's confidential medical report, immediately upon demand and within the prescribed time limit for filing thereof, to a funeral director who holds a permit from the Department of Health or the Board of Health of said Department to engage in the business or practice of undertaking in the City of New York, and who has been duly authorized by the nearest surviving relative, or if there be none, by a friend of the deceased, to take charge of the body. A funeral director who, pursuant to the provisions of this section, obtains such a certificate of death, or such certificate and sealed envelope containing the physician's confidential medical report of death, shall be required to file such certificate, or such certificate and sealed envelope, with the Bureau of Records in the same manner and within the period of time hereinbefore provided for the filing thereof. Where the body has been delivered to the City Mortuary, the delivery of the certificate of death, or the certificate of death and sealed envelope, to the representative of the City Mortuary shall be deemed equivalent to delivery to a duly qualified funeral director.

This section to take effect January 1, 1939.

(Adopted December 12, 1938.)

Failure to file, making false statements on, or charging a fee for, certificates of birth, fetal death or death, are violations of the Sanitary Code.

Section 34. No fee to be charged for executing and filing of certificate of birth, fetal death or death; order of Commissioner of Health for filing thereof.—No person required by this article to file a certificate of birth, fetal death or death, or any confidential medical report relating thereto, shall fail to file such certificate and confidential medical report respectively for each live birth, fetal death or death, with the Bureau of Records of the Department of Health in the manner and in the respective periods provided in this article; nor after the expiration of such respective periods fail to comply with an order of the Commissioner of Health, requiring such certificate of birth, fetal death or death, or any confidential medical report relating thereto, to be filed with said Bureau of Records; nor shall such person charge, demand or extract any fee for the making, executing or filing of such certificate of birth, fetal death or death, or any confidential medical report relating thereto.

This section becomes effective January 1st, 1939.

(Adopted December 12, 1938.)

Section 36. False certificates, statements, and reports.—No person shall make, prepare, deliver, or issue any false certificate, statement, or report, of a birth or death, or any certificate, statement, or report, which is not in accordance with the facts of the birth or death. All certificates, statements, and reports, of births or deaths, shall be signed by the person purporting to make the same, and no person shall sign or forge the name of another to any such certificate, statement, or report.

To take effect January 1, 1938. (S. C. Sec. 162.)
(Amended December 14, 1937.)

Certain Diseases and Conditions must be reported immediately and others within twenty-four hours. The list of these should be carefully studied.

Section 86. Duty of persons in charge of hospitals, and of physicians, to report certain diseases and conditions.

1. It shall be the duty of the manager, superintendent, or person in charge, of every hospital, institution, or dispensary, in the City of New York, to report in writing to the Department of Health, the full name, address and age of every occupant or inmate thereof, or person treated therein, affected with any one of the diseases or conditions mentioned in subdivision 2 hereof, stating the name of the disease or condition and the date of onset, within twenty-four hours after the time when the case is diagnosed, except that in syphilis, gonorrhea and chancroid the initials instead of the name may be given. It shall be the duty of every physician in the said City to make a similar report to the said Department within the same period, relative to any person found by such physician to be affected with any one of the said diseases or conditions.

The word "condition" as used in this section shall be taken to mean any of those reportable pathological conditions or matters listed herein under the headings entitled "Occupational Diseases and Injuries", "Food Poisoning", "Communicable Disease Carriers" and "Miscellaneous."

Wherever in said list reference is made to another section of the Sanitary Code, any additional requirements or reporting of additional information prescribed in such other section shall be complied with.

Wherever in said list any disease or condition is marked by an asterisk (*), such disease or condition shall be reported immediately by telephone or messenger in addition to the written report as required herein, and provided further, that if the disease is diphtheria, dysentery (amebic or bacillary), scarlet fever, streptococcus sore throat (epi-

demic), typhoid or paratyphoid fever, every such report shall also show whether any member of the household in which the patient resides is engaged or employed in a food handling occupation and especially in the handling of milk, cream or other dairy products for sale or preliminary to sale.

2. The reportable diseases and conditions are as follows :

A. COMMUNICABLE DISEASES

Ancylostomiasis (Hookworm disease).

*Anthrax.

Chancroid (See Section 88).

Chicken Pox (Varicella).

*Cholera (Asiatic).

Conjunctivitis, acute infectious.

(a) Ophthalmia neonatorum (See Sections 91 and 201).

(b) Acute epidemic conjunctivitis (Suppurative conjunctivitis, pink eye) (See Section 91).

*Diarrhea in the new born up to 3 weeks of age occurring in a new born nursery.

Diphtheria.

Dysentery.

(a) Amebic (Including Amebiasis).

(b) Bacillary.

Encephalitis, epidemic, acute.

German Measles (Rubella or Rötheln).

Glanders.

Gonococcal infection (Gonorrhea) (See Section 88).

*Impetigo contagiosa neonatorum occurring in a hospital giving maternity service.

Influenza.

Leprosy.

Leptospirosis icterohemorrhagica (Weil's Disease).

Lymphogranuloma Venereum (Venereal Lymphadenitis, Durant-Nicholas-Favre).

Malaria.

Measles (Rubeola).

Meningitis, meningococcus (Epidemic cerebro-spinal meningitis).

Mumps (Parotitis, epidemic).

Paratyphoid fever.

*Plague, bubonic.

Pneumonia, all forms.

*Poliomyelitis, anterior, acute (Infantile paralysis).

*Psittacosis (Parrot fever).

*Rabies (human).

Rocky Mountain spotted fever.

Scarlet Fever (Scarlatina).

Septicemia, puerperal (See Section 91).

*Smallpox (Variola).

Streptococcus sore throat, epidemic (Septic sore throat).

Syphilis (See Section 88).

Tetanus.

Trachoma.

Trichinosis.

Tuberculosis, all forms.

Tularemia.

Typhoid fever.

Typhus fever.

Undulant fever (Malta fever).

Whooping Cough (Pertussis).

Yellow Fever.

B. COMMUNICABLE DISEASE CARRIERS.

*Cholera (Asiatic).

Diphtheria.

Dysentery.

(a) Amebic (Including Amebiasis).

(b) Bacillary.

Meningococcus.

Paratyphoid fever.

Typhoid fever.

C. FOOD POISONING.

Botulism.

*Food Poisoning-group of cases (See Section 93).

D. OCCUPATIONAL DISEASES AND INJURIES (See Section 92).

Caisson disease (Compressed air illness).

Poisoning by:

Aniline and its derivatives.

Arsenic.

Benzol (Benzene) and its derivatives.

Brass.

Carbon disulphide.

Carbon monoxide.

Carbon tetrachloride.

Illuminating gas.

Lead.

Mercury.

Methyl alcohol (Wood alcohol).

Phosphorus.

E. MISCELLANEOUS.

*Abortions, criminal (See Section 90).

*Animal bites (See Section 10).

Drug poisoning—not suicidal (Poisoning, acute or chronic, by drugs due to self medication or on prescription).

3. All reports of cases of tuberculosis made in accordance with the provisions of this section, and all records of clinical or laboratory examinations for or indicating the presence of tuberculosis, shall be regarded as confidential and shall not be open to inspection by the public or by any person other than the Commissioner of Health, an authorized representative of the Department of Health and such other persons as may be authorized by law to inspect such reports or records, and in addition thereto, in Health Department clinic cases, the Commissioner of Health or his authorized representative may furnish such information as he deems appropriate to a physician or institution giving further treatment or to any agency approved by the Commissioner of Health for the purpose of prevention, treatment or social care. The custodian of any such report or record, the said Commissioner, or any such other person, institution or agency

shall not divulge any part of any such report or record so as to disclose the identity of the person to whom it relates, except as provided by law. (S. C. 133.) Amended September 17, 1918, January 27, 1921, December 27, 1928, December 30, 1930, June 23, 1931, November 21, 1933, October 22, 1935, December 8, 1936, June 8, 1939.

Section 87. Duty of every person to report persons affected with a communicable disease.—When no physician is in attendance, it shall be the duty of every person having knowledge of any person affected with any disease apparently or presumably communicable to report at once to the Department of Health all facts in relation to the illness and physical condition of any such person. (S. C. Sec. 136.) (Amended October 22, 1935.)

Sanitary code section and regulations governing the examination, treatment, isolation and detention of persons affected with venereal diseases.

Section 88. Duty of persons in charge of Hospitals, Dispensaries and other Institutions and of Physicians, to report cases of venereal diseases.

1. It shall be the duty of the manager, superintendent or person in charge, of any correctional institution and of every hospital, dispensary, clinic, asylum or charitable institution in the City of New York, promptly to report to the Department of Health the full name, or initials, together with the address, sex, age, marital state and occupation of every occupant or inmate thereof or person treated therein, affected with syphilis, gonorrhea or chancroid; and it shall also be the duty of every physician in the said city promptly to make a similar report to the Department of Health relative to any person found by such physician to be affected with syphilis, gonorrhea or chancroid.

2. All reports made in accordance with the provisions of this section and all records of clinical or laboratory examinations for or indicating the presence of syphilis, gonorrhea or chancroid, shall be regarded as confidential and shall not be open to inspection by the public or by any person other than the Commissioner of Health, an authorized representative of the Department of Health and such other person as may be authorized by law to inspect such reports or records, and in addition thereto, in Health Department clinic cases, the Commissioner of Health or his authorized representative may furnish such information as he deems appropriate to a physician or institution giving further treatment, or to a midwife or any agency approved by the Commissioner of Health for the purpose of prevention, treatment or social care. The custodian of any such report or record, the said Commissioner, or any such other person, institution or agency shall not divulge any part of any such report or record so as to disclose the identity of the person to whom it relates, except as provided by law.

3. It shall be the duty of every physician to furnish and deliver to every person found to be affected with syphilis, gonorrhea or chancroid, a circular of instruction and advice, issued or approved by the Department of Health of the City of New York, and to instruct every person found by such physician to be affected with syphilis, gonorrhea or chancroid as to the precautions to be taken in order to prevent the communication of the disease to others. No person affected with syphilis, gonorrhea or chancroid, and no physician treating such a person and no hospital, dispensary, clinic, asylum, charitable or correctional institution, where such a person is being treated, shall fail to comply with the regulations of the Board of Health or by a negligent act, cause, contribute to or promote the spread of such disease. (Amended June 28, 1917, October 22, 1935, April 12, 1938, June 8, 1939.)

REGULATIONS

Regulation 1. Medical Examination; Results to be Reported.

(a) Whenever a person is required under and by virtue

of the provisions of Section 343gg or Section 343hh of Article 17-b of the Public Health Law, to submit to a medical examination for the purpose of ascertaining whether or not such person is suffering from or infected with syphilis, gonorrhea or chancroid, in a communicable form, such examination shall be made by a physician of the Department of Health of the City of New York, or, at the option of the person to be examined, by a licensed physician engaged by such person who, in the opinion of the Director of the Bureau of Social Hygiene of the Department of Health of the City of New York, is qualified for this work and is approved by him, and shall include the following:

(1) An examination of the skin of the entire body, including the anal and peri-anal regions, to determine the presence or absence of manifestations of syphilis.

(2) An examination of the mucous membrane of the mouth, throat, nose, and of the genitalia, so far as accessible, to determine the presence or absence of manifestations of syphilis.

(3) An examination of the genitalia and anal region to determine the presence or absence of gonorrhea and/or chancroid.

(b) It shall be the duty of every physician making such medical examination to file, with the Department of Health of the City of New York, within twenty-four (24) hours thereafter, a report of the result of each examination upon official forms furnished by the Department of Health for such purpose. The Director of the Bureau of Social Hygiene shall determine, from said report and from the laboratory information provided in Regulation 3, whether the person is suffering from or infected with a venereal disease in a communicable form.

Regulation 2. Specimens of Blood and Bodily Discharges to be Obtained.

(a) It shall be the duty of every physician making the medical examination in accordance with the provisions of Section 343gg, of Article 17-b of the Public Health Law, to obtain, at the time of such examination,

a specimen of blood from the person so examined for the purpose of making an approved serological test for syphilis; specimens of the bodily discharge from the urethra and the prostate gland, in the case of male persons, and from the urethra, vagina, cervix, and Bartholin's glands, in the case of female persons, for the purpose of laboratory examination. Such physicians shall place all specimens obtained as aforesaid in suitable containers, to each of which said containers shall be affixed a label or tag, upon which label or tag the following information shall be clearly and legibly set forth in English:

(1) Name, age, and address of the person from whom such specimens have been obtained.

(2) Date when such specimens were obtained.

(3) Name and address of physician obtaining such specimens.

(b) Such specimens shall thereafter be promptly delivered to a laboratory of, or one approved by, the Board of Health of the Department of Health of the City of New York, and in no event later than twenty-four (24) hours from the time such specimens have been obtained. In every case of a suspicious primary lesion of syphilis, such examining physician shall immediately refer the patient to a Health Department clinic or such an approved laboratory for dark field examination.

Regulation 3. Specimens of Blood and Bodily Discharge to be Promptly Examined.—All specimens of blood and bodily discharges, delivered by a physician to a laboratory of, or one approved by, the Board of Health of the Department of Health of the City of New York, in accordance with the provisions of Regulation 2 of these Regulations, must be examined by a duly qualified person, who shall, within twenty-four (24) hours after the receipt thereof, report the results of such examinations, upon official forms furnished for such purpose, to the Director of the Bureau of Social Hygiene and to the physician delivering such specimens to the laboratory.

Regulation 4. Treatment.—Every person who by the examination as provided for in Section 343gg of Article

17-b of the Public Health Law, is found to be suffering from or infected with syphilis, gonorrhea or chancroid, in a communicable form, or who is reported to the Department of Health as suffering from or infected with syphilis, gonorrhea or chancroid, in a communicable form, shall submit to an approved prescribed course of treatment, including in the case of syphilis, the use of arsphenamme or its analogues and either bismuth or mercury, or both, administered by approved methods, unless there are specific contraindications to the use of any one of these drugs, and in the case of gonorrhea the use of suitable medicinal preparations, recognized by standard authorities, administered by means of irrigation, injections, and/or instillation, as may be indicated in each particular case.

Regulation 5. **Isolation.**—Every person who by the examination as provided for in Section 343gg of Article 17-b of the Public Health Law, is found to be suffering from or infected with syphilis, gonorrhea or chancroid, in a communicable form, or who is reported to the Department of Health as suffering from or infected with syphilis, gonorrhea or chancroid, in a communicable form, shall be removed to a hospital designated by the Board of Health of the Department of Health of the City of New York, unless the following accommodations, facilities, and requirements can be and are provided at the home of such person for the proper isolation, medical care and treatment of such infected person:

(a) An infected person shall be treated by a duly licensed physician, provided, that when such infected person has been examined under Section 343gg of Article 17-b of the Public Health Law, said physician shall be approved by the Director of the Bureau of Social Hygiene. Such infected person shall visit, or be visited by, such physician at intervals as may be required to administer an approved course or courses of treatment.

(b) The room or rooms occupied by such infected person shall be separate and apart from the room or rooms occupied by other persons.

(c) Such infected person shall have a separate bed for his or her exclusive use.

(d) A separate toilet and separate washing facilities

must be provided for the exclusive use of such infected person.

(e) All the personal and bed linen, wash cloths, and sponges used by such infected person shall be kept separate and apart from those used by any other person and when soiled must be boiled or otherwise properly sterilized or destroyed on premises.

(f) Whenever such person is suffering from or infected with syphilis, in communicable form, and likely to infect or to be the source of infection of any other person, all eating and drinking utensils used by such person must be kept separate and apart from those used by other persons and shall be boiled after each and every use.

(g) Whenever such person is suffering from or infected with syphilis, in communicable form, and is likely to infect or to be the source of infection of any other person, combs, hair brushes, nail files, toothbrushes, and other toilet articles used by such person shall be used exclusively by such infected person and shall be kept separate and apart from those used by other persons and shall be thoroughly cleansed after each use.

Regulation 6. Prohibited Acts and Employment. — Whenever such person is suffering from or infected with syphilis, in communicable form, and is likely to infect or to be the source of infection of any other person, such infected person shall not eat or drink in any hotel, restaurant, drug store, or other public eating or drinking place, nor shall any such infected person use any eating or drinking utensil at any place where food or drink is served, sold, or dispensed to the public nor engage in the preparation of manufacture of food, drink, beverages, cigars, tobacco, liquors, smoking pipes, cigar or cigarette holders, toothbrushes, intended for human use, except for the sole and exclusive use of the person so engaged, nor shall any such infected person sell or distribute any such articles.

Regulation 7. Removal of Infectious Person on Release from Penal Institution to Hospital Designated by the Board of Health.—Whenever a convicted person, as defined by Section 343hh of Article 17-b of the Public Health Law, has been found, after the medical examination provided for

in Section 343gg of said law, to be suffering from or infected with syphilis, gonorrhea or chancroid, in a communicable form, and who has been committed by a court of competent jurisdiction to a correctional or penal institution, and who, at the termination of the period of commitment is found by a physician of the Department of Health, or, at the option of the person to be examined, by a licensed physician who, in the opinion of the Director of the Bureau of Social Hygiene, is qualified for this work and is approved by him, to be suffering from or infected with syphilis, gonorrhea or chancroid, in a communicable form, and is likely to be a source of infection to other persons, such infected person shall be removed to a hospital designated by the Board of Health of the Department of Health of the City of New York, unless the accommodations, facilities, and requirements for the isolation and medical care and treatment of such person, as prescribed by Regulations 4 and 5 of these Regulations, can be and are established and provided at his or her home.

Regulation 8. Duty of Attending Physician in Every Case of Syphilis, Gonorrhea or Chancroid in Communicable form.

(a) It shall be the duty of every physician immediately upon discovering that any person is suffering from or infected with syphilis, gonorrhea or chancroid, in a communicable form, to cause such person to be isolated in accordance with Regulation 5 of these Regulations. If such physician suspects the presence of syphilis, gonorrhea or chancroid, in a communicable form, in the person examined, but is unable to make a positive diagnosis at the time, he shall secure the isolation of such patient and take such other necessary precautions as will prevent danger of the spread of the disease until a positive diagnosis is made.

(b) Every physician shall promptly report, in writing, to the Director of the Bureau of Social Hygiene, the refusal, neglect or failure of any person suffering from or infected with syphilis, gonorrhea or chancroid, in a communicable form, who is under his care and treatment,

to comply with the requirements of Regulations 4 and 5 of these Regulations.

(c) No physician shall examine or treat any suspected or convicted person as provided for in Section 343gg and Section 343hh, of Article 17-b of the Public Health Law, unless such physician shall first have received the approval, in writing, of the Director of the Bureau of Social Hygiene.

Regulation 9. Termination of Isolation and Treatment.—Whenever it shall appear to the satisfaction of the Director of the Bureau of Social Hygiene that a person, who was suffering from or infected with syphilis, gonorrhea or chancroid, in a communicable form, is no longer likely to infect or to be a source of infection to any other person, the said Director of the Bureau of Social Hygiene may terminate the isolation and treatment of such person, provided for in these Regulations.

Regulation 10. Removal of Persons Infected with Syphilis, Gonorrhea or Chancroid.—Whenever a duly authorized physician of the Department of Health shall report, in writing, to the Director of the Bureau of Social Hygiene of said Department that any person infected with syphilis, gonorrhea or chancroid, in a communicable form, has failed, neglected, or refused to comply with the provisions of Regulations 4 or 5 of these Regulations and that the continuance of such person in the place where he or she resides is dangerous or is likely to be dangerous to the lives or health of other persons, said Director may cause the removal of such person to a hospital designated by the Board of Health of the Department of Health of the City of New York. The report referred to shall contain a detailed statement showing the facts and evidence including the clinical and laboratory findings, if practical, and facts as to home conditions and prior medical treatment upon which such Medical Inspector or other duly authorized representative bases his opinion that such person is or is likely to be a danger to others. Upon the receipt of said report, the said Director of the Bureau of Social Hygiene shall review the facts and evidence embodied in or accompanying said report and if, in his opinion, the

person referred to therein is, under the circumstances, dangerous or is likely to be dangerous to the lives or health of other persons, he shall issue an order to the Medical Officer in Charge of a hospital designated by the Board of Health of the Department of Health of the City of New York, authorizing and directing the removal of such person from the place where he or she may be to such hospital. The original order authorizing and directing the removal of such person to the hospital shall be delivered to the Medical Officer in Charge of said hospital and shall constitute his authority to remove to, and detain such person at, such hospital for proper medical care and treatment. During the period of such detention, the prescribed course of treatment, provided for in Regulation 4, of these Regulations, shall be administered to such person. Such person shall be detained at such hospital until such time as the Medical Officer in Charge of such hospital determines that such person is no longer likely to infect or to be a source of infection of any other person. Upon determining such fact, the said Medical Officer in Charge of such hospital shall make a written report to the Director of the Bureau of Social Hygiene of the Department of Health recommending the discharge of such person. The Director of the Bureau of Social Hygiene shall thereupon order the discharge of such person from such hospital. Provided, however, if the Medical Officer in Charge of a hospital wherein such person is detained does not recommend the discharge of any person in the manner hereinbefore provided, such detained person may make application to the Director of the Bureau of Social Hygiene to be discharged. The said Director shall thereupon make an investigation of the facts and circumstances surrounding the detention of such person and determine whether or not such person can be discharged without danger to the lives or health of other persons. If said Director shall determine that such person is no longer likely to infect or to be a source of infection to other persons, he shall direct the Medical Officer in Charge to discharge such person from such hospital. If the said Director, however, determines that such person, if released from such hospital,

is likely to infect or to be a source of infection of other persons, he shall deny the application and notify such detained person of his decision.

Regulation 11. Interpretation.—Wherever in these regulations the words “syphilis, gonorrhea or chancroid, in communicable form” are used, the same shall, for all purposes, be deemed synonymous with the term “infectious venereal disease” as used in Article 17-b of the Public Health Law.

(Adopted July 23, 1918; amended October 22, 1935, June 8, 1939.)

Sanitary code section and regulations governing the isolation of persons affected with communicable disease, quarantine of premises, etc.

Section 89. Isolation of persons affected with communicable disease, etcetera; quarantine of premises and exclusion of contacts.—It shall be the duty of every physician, immediately upon discovering a person affected with, or suspected of having a communicable disease, or being a carrier of communicable disease germs, to secure such isolation of such person, the quarantine of the premises, the exclusion of contacts from school or work, and to take such other action, as is or may be required by the regulations of the Board of Health.

The term “contacts” as used herein shall be taken to mean and include school teachers, school principals, school children, school custodians or attendants, attendants of agencies giving day care to children, librarians and food-handlers. (S. C. Sec. 138.) (Amended January 30, 1917, August 14, 1934, October 22, 1935.)

REGULATIONS

Regulation 1. Investigation, isolation, quarantine and exclusion of contacts.—Immediately upon receiving the report of the existence of a case of:

Cholera (Asiatic).

Diarrhea in the Newborn up to 3 Weeks of Age.

Diphtheria.

Glanders.

Impetigo contagiosa neonatorum occurring in a hospital giving maternity service.

Leprosy.

Meningitis, meningococcus (Epidemic cerebrospinal meningitis).

Plague, bubonic.

Poliomyelitis, anterior, acute (Infantile paralysis).

Psittacosis (Parrot fever).

Scarlet fever (Scarlatina).

Smallpox (Variola).

Typhoid fever.

Typhus fever.

Yellow fever.

required to be filed with the Department of Health of the City of New York, in accordance with the provisions of Section 86 of the Sanitary Code of the Board of Health of the Department of Health of the City of New York, the Director of the Bureau of Preventable Diseases of said department shall immediately cause a duly authorized agent of the Department of Health to investigate the same and take such action as may be necessary to prevent the spread of disease, and in the diseases hereinafter provided for in these regulations, secure such isolation of the person affected with the disease, the quarantine of the premises, the exclusion of contacts from school or work, and to take such other action as is or may be required by these regulations, the provisions of the Sanitary Code and the orders of the Board of Health.

Regulation 2. Persons affected with communicable disease to be removed to a hospital unless proper isolation and quarantine maintained.—Persons affected with or suspected of having any of the communicable diseases enumerated in Section 86 of the Sanitary Code, or of being a carrier of communicable disease germs, shall be removed, pursuant to Section 97 of the Sanitary Code, to a hospital designated by the Board of Health of the Department

of Health of the City of New York, unless proper isolation of the patient, quarantine of the premises and the exclusion of contacts from school or work is established and maintained without danger to the life and health of other persons.

Regulation 3. **Establishment of quarantine.**—Quarantine of the premises occupied by a person affected with a communicable disease shall be established by the personal service of the following quarantine notice upon the head of the family or other persons having the charge, custody or control of the person affected with such disease, to wit:—

To: Name

Premises

A report having been filed in the Department of Health of the City of New York, in conformity with the provisions of Section 86 of the Sanitary Code of the Board of Health of the Department of Health of the City of New York, that....., age....., residing at the above mentioned premises, is affected with, a communicable disease dangerous to the public health and proper and adequate accommodations and facilities being provided for the isolation of the said person and the quarantine of the said premises in conformity with the provisions of Section 89 of the Sanitary Code and the Regulations of the Board of Health supplemental thereto, permission is hereby granted for such person to remain thereat, provided that the provisions of the Sanitary Code and the Regulations of the Board of Health, copies of which are herewith served upon you, are strictly complied with and no danger to the public health results from the continuance of such person at said premises.

You are hereby warned that failure to comply with said provisions of the Sanitary Code and the said Regulations, may result in the removal of the said person affected with the said disease as aforesaid, to a hospital designated by the Board of Health of the Department of Health of

the City of New York, criminal prosecution, or both.
By order of the Board of Health.

.....
Commissioner of Health.

Dated

By

Title

Regulation 4. Quarantine and placarding the premises.—In the quarantine of all cases of diphtheria, scarlet fever (scarlatina) and poliomyelitis, anterior, acute (infantile paralysis) a warning notice or placard prepared and issued by the Department of Health shall be posted or displayed upon the premises occupied by the persons affected. Such warning notice or placard shall be affixed to the outer side of the door leading from the hallway to the apartment or, in the case of a one-family house, on the outer side of the nearest door leading from the hallway to the room or rooms occupied by the patient. No such warning notice or placard shall be mutilated, destroyed, covered, defaced, interfered with or removed by any unauthorized person.

Regulation 5. Minimum periods of isolation, quarantine and exclusion of contacts for certain communicable diseases.—For the purpose of these regulations, the minimum periods of isolation of patient, quarantine of premises and exclusion of contacts for the communicable diseases herein mentioned shall be maintained as follows:

A. DIPHTHERIA.

Isolation and quarantine:—For seven (7) days after the onset of the disease and until two (2) sets of cultures from the nose and throat, taken not less than twenty-four (24) hours apart, are negative. If the cultures remain positive after twenty-one (21) days, a culture may be submitted for a virulence test, and if found avirulent, isolation and quarantine may be terminated.

Exclusion of contacts:—If the contact remains at home, he shall be excluded from school or work until one set of negative cultures from the nose and throat has been obtained from the contact after the case has been released from isolation. If the contact moves to another address, or if the case is removed to a hospital or dies, the contact shall be excluded from school or work until one set of negative cultures has been obtained from said contact after such change of address, death, or removal of case to a hospital.

B. SCARLET FEVER.

Isolation and quarantine:—

Uncomplicated case—Until twenty-one (21) days from date of onset.

Complicated case—(Discharging nose and ears, mastoids, enlarged or suppurating glands)—Until complication ceases.

Exclusion of contacts:—If the contact remains at home, he shall be excluded from school or work until seven (7) days after the release of the case. If the contact moves to another address, or if the case is removed to a hospital or dies, the contact may return to school or work seven (7) days after such change of address, death or removal of the case to the hospital.

C. POLIOMYELITIS, ANTERIOR, ACUTE.

Isolation and quarantine:—Until fourteen (14) days after onset. Case may be admitted to a general hospital ward, provided the patient is adequately isolated by a cubicle or screen.

Exclusion of contacts:—Contacts shall be excluded from school or work until fourteen (14) days after the onset of the case, irrespective of whether contact remains at home or moves to another address, or case is removed to a hospital or dies.

D. MENINGITIS, MENINGOCOCCUS.

Isolation:—Until fourteen (14) days after onset. Case may be admitted to a general hospital ward,

Exclusion of contacts:—Contact shall be excluded from school or work until fourteen (14) days after onset of the case, irrespective of whether contact provided the patient is adequately isolated by cubicle or screen.

remains at home or moves to another address, or case is removed to a hospital or dies.

E. MEASLES.

Isolation:—Until five (5) days after the appearance of the rash.

Exclusion of contacts:—Contact shall be excluded from school or work until fourteen (14) days after appearance of the rash in the case, irrespective of whether the contact remains at home or moves to another address, or case is removed to a hospital or dies.

F. TYPHOID AND PARATYPHOID FEVER.

Isolation:—Until ten (10) days after temperature reaches and remains normal and thereafter until two stools, taken not less than forty-eight (48) hours apart, are negative for B Typhosus or B Paratyphosus, as the case may be.

Follow-up:—Recovered cases of typhoid or paratyphoid fever, shall submit, commencing ninety (90) days after discharge from isolation, at least four (4) stool specimens, not less than three months apart. If during this period any of these stool specimens are reported as having B Typhosus or B Paratyphosus as the case may be, the person shall come within the provisions of Regulation 15 of this section.

Exclusion of contacts:—No contact is required to be excluded from school or work except a food-handler. If the foodhandler remains at home, he shall be excluded from work until two negative stools taken at least twenty-four (24) hours apart have been obtained from such foodhandler after the case has been released from isolation. If the foodhandler moves to another address, or if the case is removed

to a hospital or dies, the foodhandler shall be excluded from work until two negative stools taken at least twenty-four (24) hours apart have been obtained from such foodhandler after such change of address, death or removal of a case to a hospital.

G. DYSENTERY, AMEBIC OR BACILLARY.

Supervision of patient:—After adequate treatment and complete subsidence of symptoms, patient who has suffered from dysentery, amebic or bacillary, may be released from supervision except as hereinafter provided. Where the case is a foodhandler, he may be released from supervision when three stool specimens, taken not less than twenty-four (24) hours apart, fail to disclose the presence of *endameba histolytica* or *bacillus dysenteriae*.

H. CHICKEN POX.

Isolation:—Not less than seven (7) days from onset.

Exclusion of contacts:—Contacts are not excluded from school or work.

I. GERMAN MEASLES.

Isolation:—Until five (5) days after the appearance of the rash provided there are no abnormal mucous membrane discharges. **Amended July 8th 1941**

Exclusion of contacts:—Contacts are not excluded from school or work.

J. MUMPS.

Isolation:—Until all swelling has subsided.

Exclusion of contacts:—Contacts are not excluded from school or work.

K. WHOOPING COUGH.

Isolation:—Until two (2) weeks after the appearance of the whoop. Case may return to school three (3) weeks after onset of whoop. Exclusion of contacts:—Contacts are not excluded from school or work.

L. SMALLPOX.

Isolation:—Case must be removed to a contagious disease hospital forthwith. Case may be released when all lesions are healed and scabs have fallen off.

Exclusion of contacts :—All residents of the building, unless excepted by the Department of Health, in which a case of smallpox develops, and all individuals visited by the person affected or who visited such person within twenty-one (21) days prior to onset shall be considered contacts. All such contacts shall be kept under observation for twenty-one (21) days and all contacts within the definition of the term, "contact" in Section 89 of the Sanitary Code shall be excluded from school or work for a similar period, provided, however, all contacts shall be offered vaccination and those showing an immune reaction may be released from observation and those excluded may return to school or work.

A contact, subject to or while under exclusion, shall not change his address to a home where there are children. Where, under this regulation examination of cultures, stools or other specimens are required for release of cases or contacts, such cultures, stools or specimens must be submitted to and examined by the laboratory of the Department of Health.

Regulation 6. Cultures when Diphtheria is suspected.—In every case of illness where there is reason to suspect diphtheria, it shall be the duty of the attending physician promptly to take a culture from the nose and throat of such suspected person and submit same for examination to the laboratory of the Department of Health, or such laboratory as may be approved by the Department of Health. Such person shall be isolated until the result of the laboratory examination is received.

Regulation 7. Requirements for isolation, medical care and treatment at home.—No person affected with diphtheria, poliomyelitis, anterior, acute (infantile paralysis), scarlet fever, typhoid or paratyphoid fevers shall be permitted to remain at home unless the following accommodations, facilities and requirements are provided for the isolation, the medical care and treatment at such premises :

- (a) There shall be a duly licensed physician in attendance.

- (b) Room or rooms where the patient is to be isolated shall be well lighted and ventilated as required by Section 54 of the Sanitary Code. Such room or rooms shall be separate and apart from rooms occupied by other members of the family. All windows of room or rooms must be screened during fly season.
- (c) The family of persons affected with poliomyelitis, anterior, acute (infantile paralysis), paratyphoid fever and typhoid fever, must have a separate toilet for their exclusive use.
- (d) All eating and drinking utensils used by the patient must be kept apart from those used by the other members of the family and shall be boiled after each use.
- (e) The personal and bed linen of the patient must be properly disinfected. Proper disinfection, within the meaning of the regulation, shall be the boiling of such linen or by chemical disinfection thereof in the manner and in accordance with the requirements specified in the circular of instruction issued by the Department of Health.
- (f) In cases of poliomyelitis, anterior, acute (infantile paralysis), paratyphoid fever and typhoid fever, the patient must have a special attendant who must not do any housework duties for other members of the family. He or she may, however, leave the house provided necessary precautions as to personal disinfection are observed and contact with all children avoided.

Regulation 8. Persons to be excluded from isolation room.—No person other than the attending physician, nurse, attendant, or person duly authorized by the Department of Health shall enter or be permitted to enter the room occupied by a person affected with diphtheria, poliomyelitis, anterior, acute (infantile paralysis), scarlet fever, paratyphoid fever and typhoid fever, nor shall any such physician, nurse, attendant or other person cause, suffer or allow any person affected with any of the said

diseases as aforesaid, to leave any such room unless and until the duly authorized agent of the Department of Health certifies in writing that such person may be removed without danger to the public health.

Regulation 9. Duty of physician to isolate.—It shall be the duty of every physician immediately upon discovering a person affected with diphtheria, poliomyelitis, anterior, acute (infantile paralysis), scarlet fever, paratyphoid fever or typhoid fever, to cause such person to be isolated in a room separate and apart from those occupied by other persons. Such person shall remain so isolated until the duly authorized agent of the Department of Health establishes quarantine as provided by Regulation 3. Provided, however, if the attending physician suspects but is unable to make a positive diagnosis at the time of his first examination or at any subsequent time but is of the opinion that the patient may be affected with a communicable disease, he should secure the isolation of such patient and take such other necessary precautions as will prevent danger of the spread of the disease until a positive diagnosis is made.

Regulation 10. Termination of isolation and quarantine; disinfection, cleansing and renovation.—Upon recovery of any person affected with diphtheria, poliomyelitis, anterior, acute (infantile paralysis), scarlet fever, typhoid fever or paratyphoid fever, the room or rooms occupied by such person and all furniture and belongings therein, shall be adequately disinfected, cleansed or renovated in conformity with the provisions of Section 101 of the Sanitary Code. Upon completion of the disinfection, cleansing or renovation, a duly authorized representative of the Department of Health may terminate the isolation of the patient, the quarantine of the premises; and remove the warning notice or placard from the premises. No such room or rooms shall be occupied by any person until such disinfection, cleansing or renovation shall have been performed and the isolation and quarantine terminated as aforesaid.

Regulation 11. Circular of instruction.—A circular of instruction and advice issued or approved by the Department of Health, shall be furnished and delivered by the duly authorized representative of said Department to all

persons responsible for the maintenance of the isolation of the patient and the quarantine of the premises.

Regulation 12. Special requirements for Pulmonary Tuberculosis.—

(1) No person affected with pulmonary tuberculosis shall be permitted to remain at home unless the following accommodations, facilities and requirements are provided thereat:

- (a) Adequate individual sleeping accommodations must be provided. The room or rooms occupied by the patient for sleeping purposes shall not be so occupied by any other person not suffering from tuberculosis, and whose presence is not necessary for the proper care and treatment of the patient.
- (b) The patient shall comply with the conditions imposed in the circular of instruction and advice issued or approved by the Department of Health and served personally upon him by the duly authorized representative of said Department.
- (c) The room or rooms occupied by such person shall be well lighted and ventilated as required by Section 54 of the Sanitary Code.
- (d) All eating and drinking utensils used by the patient must be boiled after being used by such person.
- (e) The expectoration of such person must be received in suitable receptacles and properly destroyed.

(2) In every new case of pulmonary tuberculosis reported, the patient shall be visited immediately to determine that the above accommodations, facilities and requirements are provided, and are being complied with. Where there are indications that the provisions of this regulation are not being complied with, the Department of Health may at any time visit the premises occupied by a person with pulmonary tuberculosis. The Department of Health may require an examination of a reported case of pulmonary tuberculosis at a place designated by said department.

(3) A physician may assume the responsibility for the supervision of a case of pulmonary tuberculosis at home

only if the provisions of this regulation are strictly adhered to. It shall be the duty of every physician having a case of pulmonary tuberculosis under his care and supervision to report to the Department of Health on cards furnished to him for such specific purpose every six months, whether the patient still resides at the original address given; if not, of any change of address of his patients. Every such physician shall inform the Department of Health in the same manner whenever such case of pulmonary tuberculosis passes from his professional care or the patient fails to observe the necessary sanitary precautions, in order that the department may assume supervision of same.

(4) It shall be the responsibility of the physician to provide for the examination of the contacts in the home in which a case of pulmonary tuberculosis under his care and supervision resides. Such examination must include an x-ray examination of adults and an x-ray examination of all children who react positively to the tuberculin test. If such examinations are not or cannot be made by the physician within a reasonable period after a report of the case, the Department of Health may take such measures as are necessary to secure such examinations at a place designated by the said department.

Regulation 13. Special requirements for influenza and pneumonia.—No person affected with influenza or pneumonia shall be permitted to remain at home unless the following accommodations, facilities and requirements are provided thereat:

- (a) The minimum isolation period for cases of influenza shall be until three (3) days after the temperature has become and remained normal.
- (b) The minimum isolation period for pneumonia shall be until three (3) days after the temperature has become and remained normal.
- (c) There shall be a duly licensed physician in attendance.
- (d) The room or rooms where the patient is to be isolated shall be well lighted and ventilated, and

such room or rooms shall be separate and apart from the rooms occupied by other members of the family.

- (e) All handkerchiefs or other substances contaminated by the discharges from the nose, mouth or throat of persons suffering from these diseases, must be properly cared for so that they shall not in any way constitute a menace to the health and life of others, and they shall be properly and promptly disinfected.
- (f) The attending physician, nurse or attendant shall be required to insure the use of handkerchiefs or other suitable material to receive the spray or droplets resulting from coughing, sneezing or expectoration of the patient.
- (g) All body clothing and bed covering used by or which come in contact with the patient should be kept separate and apart from those used by other members of the family until the same have been boiled.
- (h) Dry sweeping in the room or rooms occupied by the patient is forbidden. A vacuum cleaner or moist rag should be used.
- (i) All eating and drinking utensils used by the patient shall be separate and apart from those used by other members of the family, and shall be boiled after each such use.

Regulation 14. Carriers of communicable disease.—Any person who is a carrier of communicable disease germs of cholera (Asiatic), diphtheria, dysentery (amebic or bacillary), meningitis, meningococcus (epidemic cerebro-spinal meningitis), paratyphoid or typhoid fever, as defined in Regulation 2 of Section 97 of the Sanitary Code, shall be subject to the regulations governing clinical cases of these respective diseases. In the case of diphtheria carriers, cultures for release from isolation may be taken immediately.

Regulation 15. Special requirements for chronic typhoid carriers.—

- (1) The term “chronic typhoid carrier” as used in this

regulation shall mean any person who has not shown clinical evidences of typhoid fever or paratyphoid fever within a period of six months, but who harbors or discharges typhoid fever or paratyphoid fever bacilli, as determined by bacteriological tests of not less than two authentic and different stool or urine specimens, taken not less than twenty-four (24) hours apart and examined by the laboratory of the Department of Health.

(2) It shall be the duty of every "chronic typhoid carrier" to comply with the following requirements:

- (a) Authentic stool or urine specimens shall be submitted as often as may be required by a duly authorized officer of the Department of Health. Such typhoid carrier shall report in person or in writing bi-monthly, to the Department of Health, giving his address, occupation and place of employment, if any.
- (b) Such typhoid carrier shall not handle food, drink or dishes that are to be used by others, nor shall he engage in the work of nursing the sick or caring for children.
- (c) Such typhoid carrier shall notify the Department of Health promptly of any change of address or place of employment, whether temporary or permanent. No such typhoid carrier shall leave the City of New York nor change his occupation without the consent, in writing of the Department of Health. When such change of residence or employment has been approved, the Department of Health shall forthwith notify the Health Officer of the place in which such typhoid carrier proposes to live or be employed.
- (d) All stools, except stool specimens required for examination by a duly authorized officer of the Department of Health, shall be disinfected immediately with chloride of lime, creosol or other adequate

disinfectant approved by the Department of Health, except when passed into water-flushed and sewer-connected toilets.

- (e) Toilet seats used by such typhoid carrier shall be adequately cleansed after use.
- (f) Such typhoid carriers shall thoroughly wash their hands with soap and water, and clean their finger nails, after each use of the toilet.
- (g) Upon the wilful refusal of such typhoid carrier to comply with any of the above regulations, said carrier shall be removed to a hospital in accordance with Section 97 of the Sanitary Code.
- (h) No chronic typhoid carrier, fecal type, shall be released from the supervision of the Department of Health unless:—
 - (1) The gall bladder has been removed subsequent to the discovery of the carrier state, and in addition all of the following conditions have also been complied with:—
 - (a) At least six (6) authenticated successive stool specimens collected not less than one month apart are reported as containing no typhoid bacilli, and
 - (b) Three (3) specimens of duodenal contents taken at least one week apart, and within one month of the collection of the final stool specimen required in (a) above, and in a hospital or institution approved for this purpose by the Department of Health, are also reported as containing no typhoid bacilli.
 - (2) Five (5) consecutive stool specimens taken not less than one year apart, are reported as containing no typhoid bacilli, and in addition all the requirements of subdivisions (a) and (b) of paragraph 1 above are complied with.

- (i) No other chronic typhoid carriers shall be released from supervision of the Department of Health unless they furnish evidence which is satisfactory to the Department of Health of freedom from the carrier state.
- (j) Whenever in this regulation stools or other specimens are required to be reported upon, such cultures, stools or specimens, immediately upon collection, must be submitted to and examined by the laboratory of the Department of Health.

(Adopted December 28, 1917, amended December 31, 1919, April 29, 1930, June 19, 1934, October 22, 1935, December 8, 1936, July 11, 1939.)

Criminal abortions or miscarriages must be reported immediately by telephone.

Section 90. **Criminal abortion or miscarriage; duty to report.**—It shall be the duty of the manager, superintendent or person in charge of any hospital, sanitarium, dispensary or other institution for the care and treatment of persons in the City of New York and of every physician in said City to immediately notify the Department of Health by telephone of any case of abortion or miscarriage where criminal practice is discovered or suspected. (S. C. Sec. 135 and S. C. Sec. 91a.) (Amended October 22, 1935.)

Miscellaneous diseases and conditions which must be reported.

Section 91. **Puerperal septicemia, ophthalmia neonatorum, and acute epidemic conjunctivitis (suppurative conjunctivitis, pink eye);** duty of persons in charge of schools, dispensaries, and other institutions, and of physicians, to report.

- (a) It shall be the duty of the manager, superintendent,

or person in charge of every sanitarium, agency giving day care to children, convalescent home, home for children, reformatory, training school, boarding school, hospital, dispensary, or other institution for the care or treatment of persons, in the City of New York, to report immediately in writing to the Department of Health, the name, age (so far as can be ascertained), and residence of every person received therein or treated thereat who is affected with puerperal septicemia, ophthalmia neonatorum, or acute epidemic conjunctivitis (suppurative conjunctivitis, pink eye) specifying the name of the disease with which such person is affected, and it shall be the duty of every physician in the said City to immediately make a similar written report to the said Department relative to any person found by such physician to be so affected.

(b) Every such physician, manager, or other person in charge, shall also report in writing, the name and address of the physician or midwife in attendance at the time of the onset of such a disease, which information it is hereby made the duty of every institution herein specified to obtain and record among its records.

(c) "Puerperal Septicemia" as used herein shall be taken to mean and include every case of infection accompanied by rise of temperature during the puerperal period, and which is related to the delivery and is not due to other obvious cause or causes. (S. C. 144.) (Amended July 23, 1918, October 22, 1935, June 8, 1939.)

Section 92. Occupational diseases and injuries; duty of persons in charge of hospitals, institutions, and dispensaries, and of physicians, to report.—It shall be the duty of the manager, superintendent, or person in charge of every hospital, institution or dispensary, in the City of New York, to report to the Department of Health, in writing, the full name, age and address of every occupant or inmate thereof or persons treated therein, affected with any one of the occupational diseases contained in the following list, specifying the name of the disease, within twenty-

four hours after the time when the case is diagnosed, and it shall be the duty of every physician to make a similar report to the said Department of Health within the said period relative to any person found by such physician to be affected with any one of the said occupational diseases:

Caisson disease (Compressed-air illness).

Poisoning by—

Aniline and its derivatives.

Arsenic.

Benzol (Benzene) and its derivatives.

Brass.

Carbon bisulphide.

Carbon tetrachloride.

Illuminating gas.

Lead.

Mercury.

Methyl alcohol (Wood alcohol).

Phosphorus.

(S. C. Sec. 134.) (Amended October 22, 1935.)

Section 93. Group of cases of food poisoning; duty of persons in charge of hospitals, and of physicians, to report.—It shall be the duty of every physician, and of the physician, manager, superintendent or other person in charge of any hospital, dispensary, or other institution, having knowledge of the occurrence of a number or group of cases of illness, including group cases of diarrhea or sore throat, which cases appear to be due to the consumption of unwholesome, spoiled, contaminated or poisonous articles of food, to report immediately the same to the Department of Health. (Amended October 22, 1935, June 8, 1939.)

Duty of school authorities, parents and guardians in preventing spread of communicable disease among school children.

Section 94. Exclusion of children from school or agency giving day care to children.

(1) No principal, superintendent, master, teacher or instructor in any school, or person in charge of an agency giving day care to children, and no parent, guardian or custodian of any child or minor (having the power and authority to prevent), shall permit any child or minor or any other person to be exposed unnecessarily to any person having a communicable disease; nor permit any child or minor having—

Chicken pox,

Diphtheria,

German measles (Rubella or Rötheln),

Measles,

Meningitis, meningococcus (Epidemic cerebro-spinal meningitis),

Mumps,

Poliomyelitis, anterior, acute (Infantile paralysis),

Scarlet fever (Scarlatina),

Smallpox,

Tuberculosis, pulmonary (if in a communicable form),

Whooping cough,

to attend any public, private or parochial school, or any agency giving day care to children. A child or minor having recently recovered from a disease in the above list may be readmitted to school or to an agency giving day care to children when a duly authorized representative of the Department of Health has given written permission therefor. In a case of tuberculosis, a physician may make

the examination, including an x-ray, and if the report is acceptable to the Department of Health, permission for readmission will be granted; otherwise the examination including x-ray, shall be made at a place designated by the Department of Health.

(2) No child or minor in any family or living with any family, in which any of the following diseases exist or have recently existed, shall be permitted to attend any public, private or parochial school or any agency giving day care to children until a duly authorized representative of the Department of Health has given permission therefor:

Diphtheria.

Measles. Amended July 8, 1941.

Meningitis, meningococcus (Epidemic cerebro-spinal meningitis).

Poliomyelitis, anterior, acute (Infantile paralysis).

Scarlet fever (Scarlatina).

Smallpox.

Tuberculosis, pulmonary (if in a communicable form).
(Amended October 22, 1935, July 11, 1939.)

Section 95. Exclusion of teachers, instructors and others affected with certain communicable diseases.—No principal, superintendent, master, teacher, instructor, custodian, or other person suffering from any of the communicable diseases enumerated in Section 94, subdivision (1), shall be permitted to teach or work in any public, private or parochial school, or agency giving day care to children until written permission has been obtained in accordance with the provisions of said section and subdivision.

No principal, superintendent, master, teacher, instructor, custodian, or other person living with any family in which any of the communicable diseases enumerated in Section 94, subdivision (2), exist or have recently existed, shall be permitted to teach or work in any public, private or parochial school or agency giving day care to children

until written permission has been obtained in accordance with the provisions of said section and subdivision. (Generally revised October 22, 1935.)

Sanitary code and regulations governing the isolation of persons affected with communicable diseases in institutions.

Section 96. **Isolation of Persons Affected with Communicable Diseases in Institutions.**—It shall be the duty of the manager, superintendent, or person in charge, of every sanitarium, agency giving day care to children, convalescent home, home for children, reformatory, training school, boarding school, hospital, dispensary, or other institution for the care or treatment of persons, in the City of New York, to provide and maintain a suitable room or rooms for the isolation and cause the immediate isolation of persons affected with or suspected of having any of the following diseases, in accordance with the regulations of the Board of Health:

Chicken pox.

Cholera (Asiatic).

Diarrhea in the new born up to three weeks of age.

Diphtheria.

Diphtheria carrier—virulent.

German measles (Rubella or Rötheln).

Impetigo contagiosa neonatorum occurring in a hospital giving maternity service.

Measles.

Mumps.

Plague, bubonic.

Scarlet fever (Scarlatina).

Smallpox.

Whooping Cough.

(S. C. 140.) (Amended October 22, 1935, December 8, 1936, June 8, 1939.)

REGULATIONS

Regulation 1. Definitions.

- (a) **Large hospitals.**—The term large hospitals as used in these regulations shall mean hospitals with one hundred or more beds for the accommodation of patients.
- (b) **Small hospitals.**—The term small hospitals as used in these regulations shall mean hospitals with accommodations for patients up to the number of one hundred.
- (c) **Large institutions for children.**—This term as herein used shall apply to institutions having one hundred or more inmates.
- (d) **Small institutions for children.**—This term as herein used shall apply to institutions having accommodations for inmates up to the number of one hundred.

Regulation 2. Isolation rooms; requirements.—Every isolation room or every group of such isolation rooms so arranged as to constitute a ward unit, shall be provided with suitable entrances, exits, toilet accommodations, and kitchen, so arranged as to render possible the complete isolation of every such room or ward unit from the rest of the hospital or other institution.

Regulation 3. Capacity of room regulated.—The capacity of any isolation room shall be sufficient to allow for each bed not less than 100 square feet of floor space.

Regulation 4. Number of rooms required in large hospitals (containing 100 or more beds.)—The minimum accommodations to be provided in large hospitals for the isolation of communicable disease cases shall be two rooms. In hospitals accommodating more than 300 patients one bed for every 100 patients shall be provided in such isolation rooms.

Regulation 5. Number of rooms required in small hospitals (containing less than 100 beds.)—The minimum accommodations to be provided for the isolation of communicable

disease cases in small hospitals shall be one room of a size sufficient to accommodate two beds.

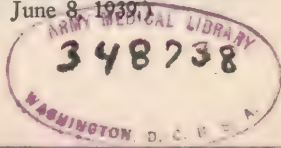
Regulation 6. Number of rooms required in large institutions for children (having 100 or more inmates).—The minimum accommodations to be provided for the isolation of communicable disease cases in large institutions for children shall be two rooms. In institutions accommodating more than 150 inmates, one bed for every fifty inmates shall be provided in such isolation rooms.

Regulation 7. Number of rooms required in small institutions for children (having less than 100 inmates).—The minimum accommodations to be provided in small institutions for children for the isolation of communicable disease cases shall be one room of a size sufficient to accommodate two beds.

Regulation 8. Number of rooms required in institutions for adults.—The minimum accommodations to be provided in institutions for adults for the isolation of communicable disease cases shall be one room of a size sufficient to accommodate one bed for every 200 inmates or fraction thereof.

Regulation 9. Number of rooms required in prisons and reformatories.—The minimum accommodations to be provided in prisons and reformatories for the isolation of communicable disease cases shall be two rooms of a size sufficient to accommodate two beds in each room.

Regulation 10. Number of rooms required in other institutions.—In every dispensary, clinic, nursery, day camp, sanitarium, boarding school, municipal lodging house and police court house, or other place where individuals with a communicable or suspected communicable disease are temporarily isolated there shall be provided at least one room suitable and adequate and satisfactory to the Department of Health for such temporary isolation of cases of communicable diseases. The provisions of Regulations 2 and 3 of these regulations shall not apply to any such institution, place, or premises. (Adopted March 30, 1915 and amended October 22, 1935, June 8, 1939.)



Sanitary code section and regulations governing the removal of persons affected with any communicable disease or who are carriers of communicable disease germs.

Section 97. Removal of persons affected with any communicable disease or carrier of communicable disease germs authorized.—Whenever a duly authorized physician of the Department of Health shall report in writing that any person is affected with any communicable disease or is a carrier of communicable disease germs, under such circumstances that the continuance of such person in the place where he or she may be, is or is likely to be dangerous to the lives or health of other persons, the Commissioner, Deputy Commissioner or the Director of either the Bureau of Preventable Diseases, the Bureau of Tuberculosis or the Bureau of Social Hygiene, of the said Department, upon the report of such duly authorized physician, may cause the removal of such person to a hospital designated by the Board of Health in accordance with the regulations of said Board. (S. C. 139.) (Amended March 7, 1933, October 22, 1935, June 8, 1939.)

REGULATIONS

Regulation 1. Report of duly authorized physician.—Whenever a duly authorized physician of the Department of Health submits a report in writing in conformity with the provisions of Section 97 of the Sanitary Code to the effect that a person is affected with a communicable disease or is a carrier of communicable disease germs, and is or is likely to be dangerous to the lives or health of other persons, and the Commissioner, Deputy Commissioner or the Director of either the Bureau of Preventable Diseases, the Bureau of Tuberculosis or the Bureau of Social Hygiene, issues an order directing the removal of such person to a hospital designated by the Board of Health, such report and order shall be made upon an official blank approved by the Board of Health. The report shall contain a detailed statement showing the facts and evidence, including the clinical and bacteriological diagnosis if practicable and facts as to home conditions upon which such

duly authorized physician bases his recommendation that such person is or is likely to be dangerous to the lives or health of other persons.

Regulation 2. Carrier of communicable disease germs defined.—For the purposes of this section, a person shall be deemed “A carrier of communicable disease germs” if—

- (a) The germs of a communicable disease are present or harbored within the body of a person but the person does not present clinical evidence of such disease and has not suffered from such disease within the period specified herein, namely:

Diphtheria	5 weeks
Cholera (Asiatic)	10 days
Dysentery (Amebic or Bacillary)	10 days
Typhoid or Paratyphoid fever	10 days
Meningitis, meningococcus (Epidemic cerebro-spinal meningitis)	2 weeks

- (b) Epidemiological evidence points to such person as the source of one or more cases of communicable disease and such person refuses to submit specimens of his bodily secretions or excretions to the Department of Health for laboratory examination; or
- (c) Such person is reported as a carrier of communicable disease germs to this Department by the Health authorities of the State of New York or of any City or State or Nation.

Regulation 3. Order.—Upon the receipt of the report of the duly authorized physician, hereinbefore referred to, the Commissioner, Deputy Commissioner or the Director of either the Bureau of Preventable Diseases, the Bureau of Tuberculosis or the Bureau of Social Hygiene shall review the facts and evidence embodied in or accompanying said report, and if in his opinion the person referred to therein is under the circumstances dangerous or likely to be dangerous to the lives and health of other persons, shall approve such report, order the removal of the said person and forward same to the Board of Health.

Regulation 4. Report and order to be referred to the Board of Health.—The report of the duly authorized physician approved by the Commissioner, Deputy Commissioner or the Director of either the Bureau of Preventable Diseases, the Bureau of Tuberculosis or the Bureau of Social Hygiene, together with the order shall be immediately transmitted, through the proper channels, to the Board of Health and shall be accompanied by a recommendation that the Board of Health issue an order approving the removal and directing the detention of such person at the hospital designated.

Regulation 5. The Board to order temporary detention.—The Board of Health, if satisfied that the person so removed is or is likely to be dangerous to the lives or health of other persons, may order his or her temporary detention in such hospital until discharged in the manner hereinafter set forth, and a copy of said detention order shall be delivered to the Medical Officer in charge of such hospital.

Regulation 6. Detention and discharge of person removed.—The Medical Officer in charge of the hospital to which such person has been removed, shall detain such person for the period of time in accordance with the Sanitary Code and its regulations governing the isolation of the particular disease or condition from which such person is suffering, and in other cases of communicable disease as ordered by the Board of Health. A person so detained, however, may apply at any time to the Director of the Bureau of Preventable Diseases or the Director of the Bureau of Tuberculosis or the Director of the Bureau of Social Hygiene under whose respective jurisdiction such case may be, for his or her discharge from such hospital, and if denied, may apply to the Commissioner of Health or Board of Health for such discharge. Such applicant's duly authorized representative, if a request is made in writing, shall be given an opportunity to be heard before the Commissioner of Health or the Board of Health. (Adopted December 28, 1917, amended March 7, 1933, October 22, 1935, June 8, 1939.)

Other Sanitary Code provisions for the control of communicable diseases.

Section 98. Conveying of persons affected with a communicable disease through public streets regulated.—No person shall in the City of New York, without permission therefor issued by the Department of Health, convey, carry, move or cause to be conveyed, carried or moved, in any manner whatsoever, through any public street or place, or from any building or vessel to any other building or vessel, or to the shore, nor shall any hospital or institution without such permission receive, any person affected with any of the following diseases, or any article which has been exposed to such diseases:

Cholera (Asiatic).

Diphtheria.

Diphtheria carrier—virulent.

Plague, bubonic.

Scarlet Fever.

Smallpox.

(S. C. 143.) (Amended October 22, 1935, June 8, 1939.)

Section 99. Persons having a communicable disease not to engage in manufacturing in tenement houses or multiple dwellings.

1. Unless written permission therefor shall have been obtained from the Department of Health no person affected with any communicable disease, or who is exposed to any communicable disease, shall, in any tenement house or multiple dwelling or in any part thereof engage in the manufacture, altering, repairing, or finishing of any article whatsoever, except for the sole and exclusive use of the person so engaged.

2. Whenever required by the Director of either the Bureau of Preventable Diseases, the Bureau of Tuberculosis or the Bureau of Social Hygiene of the Department of Health, any person engaged in the manufacture, altering, repairing or finishing of any article whatsoever, except

for the sole and exclusive use of the person so engaged, shall submit to a physical examination and/or an X-Ray by a duly authorized physician or in a clinic of the said Department. (Amended October 22, 1935, June 8, 1939.)

Section 100. Acts tending to promote spread of disease prohibited.—No person shall by any exposure of any individual sick of any communicable disease, or of the body of such person, or by any negligent act connected therewith, or in respect of the care or custody thereof, or by a needless exposure of himself, cause, contribute to, or promote, the spread of disease from any such person, or from any dead body. (S. C. Sec. 143.) (Amended October 22, 1935.)

Section 101. Concurrent and terminal disinfection, cleansing and renovation of premises, furniture, belongings and apparatus.—Adequate terminal disinfection, cleansing and renovation of premises, furniture and belongings, deemed by the Department of Health to be infected by any communicable disease, shall immediately follow the recovery, death or removal of the person suffering from such disease, and such disinfection, cleansing and renovation shall be performed by the owner, lessee, tenant or occupant of said premises. In all such cases, there shall be maintained, prior to the aforesaid terminal disinfection, proper and adequate concurrent disinfection, while the person is suffering from such communicable disease.

All apparatus and equipment employed in the treatment of any case of communicable disease, must be adequately cleansed and disinfected before use in any other case.

The term "concurrent disinfection" as used herein shall be taken to mean the immediate disinfection and disposal of body discharges and the immediate disinfection or destruction of all infected or presumably infected materials.

The term "terminal disinfection" as used herein shall be taken to mean the precautions taken to destroy or remove infectious material after the removal of the patient or the termination of isolation or quarantine.

The term "cleansing" as used herein shall be taken to

mean the removal of possible infectious material by scrubbing, washing and exposure to sunshine and air.

The term "renovation" as used herein shall be taken to mean such re-papering, painting, whitewashing or other alteration of premises or apartments as may be necessary to place the same in a proper and sanitary condition. (S. C. Sec. 146.) (Generally revised October 22, 1935.)

Sanitary code and regulations governing the conduct and maintenance of dispensaries or clinics where human beings affected with syphilis, gonorrhea, communicable eye diseases or pulmonary tuberculosis are treated or cared for.

Section 102. **Dispensaries and clinics for treatment of communicable disease; regulated.**—No dispensary or clinic where communicable diseases are treated or diagnosed shall be conducted or maintained in the City of New York, otherwise than in accordance with the regulations of the Board of Health. (S. C. Sec. 223.) (Adopted June 28, 1917 and amended October 22, 1935.)

REGULATIONS

Regulation 1. **Examination and treatment to be conducted in special dispensaries or departments.**—The examination and treatment of persons affected with syphilis, gonorrhea, communicable eye diseases or pulmonary tuberculosis shall be conducted for each disease, in a separate or special dispensary or clinic, or in a separate or special department connected with the dispensary or hospital maintained solely for such purpose, or at a time apart for the use for other purpose. Provided, however, when the nature of the part affected, such as the eye, throat, viscera, etc., necessitates examination and treatment in some other department of the dispensary or clinic, treatment may be given jointly by the various departments. Every department of a dispensary or clinic wherein persons affected with these diseases are treated or cared for shall be pro-

vided with and employ proper facilities for asepsis and antisepsis.

Regulation 2. Bacteriological and Microscopical Examination.—Every such dispensary or clinic shall be provided with adequate facilities for making bacteriological and microscopical examinations of discharges, secretions, sputum and suspected primary lesions. If such facilities be not provided at the dispensary or clinic, proper provisions shall be made for the prompt delivery of specimens to the Department of Health or other approved laboratories where such examinations are made.

Regulation 3. Number of patients to be examined or treated.—The number of persons to be treated at a dispensary or clinic shall be regulated by the number of physicians in attendance and the equipment and facilities provided in said dispensary or clinic.

Regulation 4. Days Dispensaries or Clinics shall be open and Medical Attendance.—Every such dispensary or clinic shall be open at least three (3) days of each week for the reception of patients, their examination, treatment and proper disposition, except dispensary or clinic for tuberculosis which shall be open at least one (1) day each week for such purpose. The necessary medical and nursing staff shall be on duty on all the days set apart for the reception of patients.

Regulation 5. All applicants to be Examined.—Every such dispensary or clinic shall examine, and if necessary treat, at the time of their first visit, all applicants irrespective of their place of residence.

Regulation 6. Records.—A complete and adequate record shall be kept of every case of syphilis, gonorrhea, communicable eye disease or pulmonary tuberculosis treated at a dispensary or clinic. The Department of Health may require, in its discretion, regular and uniform statistical reports relating to the examination, care and treatment of all persons coming within the jurisdiction and control of such dispensary or clinic. Such records shall not be open to inspection by the public or any person other than a duly authorized representative of the Depart-

ment of Health of the City of New York, or a person authorized by the said Department, and such other persons as may be authorized by law to inspect such records.

Regulation 7. Circular of Instruction and Advice.—A circular of instruction and advice, issued or approved by the Department of Health, shall be furnished and delivered to every person found to be affected with syphilis, gonorrhea, a communicable eye disease or pulmonary tuberculosis as soon as the diagnosis is established, and individual instruction shall be given every such person as to the precautions to be taken in order to prevent the communication of the disease to others.

Regulation 8. Follow-up System.—A follow-up system, approved by the Department of Health to secure regular attendance and regular and adequate care and treatment of patients, shall be established and maintained.

Regulation 9. Procedure Governing the Discharge of Patients.—Standard procedures, governing the discharge of patients, shall be followed. Such standards shall embrace suitable tests and subsequent persistent observations.

Regulation 10. Special Requirements for Syphilis.

(a) **Microscopic Examinations Required.**—A dispensary or clinic engaged in the diagnosis and treatment of syphilis shall be equipped for the microscopical examination of suspected primary lesions and these examinations shall be performed when required.

(b) **Serologic Tests.**—Laboratory facilities for making serological tests shall be provided in every such dispensary or clinic engaged in the diagnosis and treatment of syphilis. If such laboratory facilities are not so provided, arrangements shall be made for the prompt delivery of specimens to the Department of Health or other approved laboratories where such tests are made.

(c) **Arsphenamine and Mercury or Bismuth to be Administered.**—The obligation to bring to an end the communicable stage at the earliest possible moment rests on the dispensary or clinic to which the patient applies for treatment. Arsphenamine or its analogues and either bismuth or mercury, or both, shall be administered by ap-

proved methods to all cases of syphilis in a communicable form, unless there is specific contraindications to the use of any one of these drugs.

Regulation 11. Special Requirements for Gonorrhea.

(a) **Urethroscopic and Cystoscopic Examinations to be made.**—Every such dispensary or clinic shall be provided with facilities for urethroscopic and cystoscopic examinations and such facilities shall be regularly employed by the physicians in attendance when indicated.

(b) **Microscopic Examination Required.**—Systematic microscopical examinations of all discharges shall be made in every department of a dispensary where persons affected with gonorrhea are treated or cared for.

(c) **Complement Fixation Tests.**—Every such dispensary should be provided with facilities for making a complement fixation test for gonorrhea. If such facilities be not provided at the dispensary, proper provisions shall be made for the prompt delivery of specimens to the Department of Health or other approved laboratories where such tests are made.

Regulation 12. Special Requirements for Pulmonary Tuberculosis.

(a) **Care and Disposition of Sputum.**—An adequate supply of sputum cups or other approved receptacles, and facilities for their disinfection or destruction, shall be provided in such dispensary or clinic. The use of cuspidors is prohibited.

(b) No clinically active case of tuberculosis may be discharged from supervision. Arrested cases may be discharged if the x-ray shows a stabilized lesion over a period of six months and at least three adequate sputum examinations are negative for tubercle bacilli within the same period.

(c) A person having tuberculosis or suspected of having tuberculosis in communicable form and who refuses to follow the advice of the clinic shall be promptly reported to the Department of Health (Adopted October 2, 1935, amended June 8, 1939.)

Duties of Undertakers in case of death from certain communicable diseases.

Section 103. Duties of undertakers; conduct of funerals where death has been caused by certain communicable diseases.—It shall be the duty of every undertaker engaged for, or in charge of, the preparation and burial of the body of a person who died in the City of New York, of any of the following diseases:

Cholera (Asiatic).

Diphtheria.

Plague, bubonic.

Poliomyelitis, anterior, acute (Infantile paralysis).

Scarlet fever (Scarlatina).

Small pox (Variola).

or of the bringing of the dead body of any person who died of any such disease into the said City, to give immediate notice thereof to the Department of Health. No undertaker shall retain or expose or assist in the retention or exposure of the dead body of any such person, and shall immediately place the body in a coffin or casket and permanently close and seal same in accordance with the regulations of the Board of Health.

The funeral services for the burial of a person who has died of one of the above mentioned diseases shall be private. It shall be unlawful to invite or permit any person to be present on the premises where the body is held, awaiting burial, and it shall be unlawful for the undertaker to permit any person to attend the funeral, of one who has died of any of the above diseases other than the members of the immediate family or household and those whose presence is necessary to conduct the funeral. It shall be the duty of the undertaker to instruct the members of the immediate family or household to comply with the provisions of this section. (S. C. Sec. 142.) (Amended March 31, 1931 and generally revised October 22, 1935.)

Sanitary code sections and regulations governing blood donors and blood donor agencies.

Section 108. Blood donors regulated; blood donors, professional and voluntary blood donors defined; registration of professional blood donors; blood banks regulated.—No person shall act as and no physician, hospital or institution shall use, a blood donor, either professional or voluntary, in the City of New York otherwise than in accordance with the regulations of the Board of Health, and no person shall act as a professional blood donor in said city without a certificate of registration issued by the Department of Health.

No blood bank shall be maintained or operated in the City of New York other than in hospitals in which there is a clinical laboratory under permit of the Board of Health for bacteriology, blood typing and serology, or otherwise than in accordance with the regulations of the Board of Health.

"Blood donor" defined. The term "blood donor" as used herein shall be taken to mean and include any person who holds himself out as willing to dispose of his blood, or who offers his blood, or whose blood is used for transfusion purposes either by direct introduction or by storage and subsequent introduction into the blood-vascular system of any other person.

"Professional blood donor" defined. The term "professional blood donor" as used herein shall be taken to mean and include a blood donor who offers or gives his blood for a fee.

"Voluntary blood donor" defined. The term "voluntary blood donor" as used herein shall be taken to mean and include a blood donor who offers or gives his blood gratuitously or without a fee.

"Blood banks" defined. The term "blood bank" as used herein shall be taken to mean and include any system of storage of human blood for subsequent use for transfusion purposes.

This section as amended shall take effect immediately and any person heretofore registered as a blood donor and until the expiration of his certificate of registration shall be deemed a professional blood donor. (Adopted November 21, 1930 and amended March 14, 1939.)

REGULATIONS

Regulation 1. Professional blood donor's application and certificate of registration.

(a) Application for a certificate of registration as a professional blood donor shall be made upon official forms furnished for such purpose by the Department of Health. At the time of registration the applicant shall submit to a careful physical examination of the following organs: skin, mouth, pharynx, heart, lungs, abdomen (particularly the liver and spleen), rectum, genitalia and lymphatic glands, and submit a certificate on the form provided by the Department of Health, from a duly licensed physician of the State of New York showing that such an examination was had by him within seven days of the date of his application for registration.

(b) No person shall be accepted for registration unless he shall approximate an average weight for height, according to the standard tables of normal average of blood and health; his systolic blood pressure shall be at least 110 mm. of mercury.

(c) No person shall be accepted for registration unless a specimen of his blood, taken at the time of his application and tested by the Department of Health with the Wassermann or other approved serological test for syphilis shall react negatively to such test.

(d) No person shall be accepted for registration who exhibits suspicious scars or symptoms of syphilis, gonorrhea or other venereal disease, who gives a history of syphilis or malarial infection, or who presents evidence of heart disease, hyperthyroidism, asthma, tuberculosis or any other communicable disease, evidence of drug addiction or who has any obvious infection of the teeth or gums with suppurative lesions.

(e) No person shall be accepted for registration until a determination of his blood grouping has been made in accordance with Regulation 2 herein, showing in which group he is classified.

(f) In addition to the aforementioned requirements, the Commissioner of Health shall have the right to deny registration to anyone applying for registration as a professional blood donor, when in his opinion the condition or history of the said applicant is such that transfusion of blood from said applicant might be detrimental to the life or health of a recipient.

(g) The certificate of registration as a professional blood donor shall expire one year from the date of issuance.

Regulation 2. Grouping of professional blood donors.—The blood group of each professional blood donor shall be established by suitable tests performed at laboratories under permit of the Board or Department of Health by testing his blood with known group specific sera and also by testing the professional blood donor's serum against known Group A and Group B corpuscles (international classification).

Regulation 3. Professional blood donor's identification and personal record book.—Every professional blood donor shall have and keep on his person an identification and personal record book issued by the Department of Health in which shall appear the seal of the Health Department of the City of New York together with the date of registration. Such personal record book shall contain a personal description of the professional blood donor, his photograph and signature, and shall contain sufficient space for the entries therein of the serological test for syphilis by the Department of Health, for the medical report of his physical examination, and for the blood grouping of his blood, together with the date of such grouping and the name and address of the director of the laboratory wherein the said grouping was performed. The personal record book of every professional blood donor shall also contain a record of each transfusion in which

he has participated and the following facts for each transfusion shall be entered therein by the physician making the transfusion or his representative; the date of the transfusion, the place where the transfusion occurred, the quantity of blood given and the name of the physician who made the transfusion. There shall also be entered the result of the physical examination of the professional donor, the hemoglobin percent of his blood, the result of the serological test for syphilis and the cross-agglutination test, as required in Regulation 5.

Regulation 4. Suspension or revocation of certificate of registration.— In the event that any registered professional blood donor shall be shown to have a positive reaction to any approved serological test for syphilis, or where the examination of his sputum indicates the presence of tubercle bacilli, or where he is shown to have a history of malarial infection, or evidence of heart disease or typhoid fever, or any communicable disease, or any of the conditions mentioned in Regulation 1 herein, or where his personal record indicates that he has already given an excessive quantity of blood, the physician making such examination is hereby authorized to collect and forward immediately the professional blood donor's registration book to the Department of Health. In such case the professional blood donor shall surrender his book to the physician. In the event that the physician does not collect and forward the blood donor's book to the Health Department, the physician shall notify immediately said Department of the circumstances. The Commissioner of Health may revoke such certificate of registration for any of the above mentioned conditions or for other cause.

Regulation 5. Physical and serological examination of all professional and voluntary blood donors required immediately prior to transfusion.—Immediately prior to each transfusion, or collecting of blood subsequently to be used for transfusion purposes, every blood donor, whether professional or voluntary, shall submit to a physical examination by a physician on whom has been conferred the degree of doctor of medicine. Such an examination shall have special reference to the organs, tissues and conditions

mentioned in Regulation 1 hereof. No blood donor shall be used for transfusion purposes who exhibits suspicious scars or symptoms of syphilis, gonorrhea or other venereal disease, or who gives a history of syphilis or malarial infection, or who presents evidence of heart disease, hyperthyroidism, asthma, tuberculosis, venereal disease or any other communicable disease, evidence of drug addiction, or who has any obvious infection of the teeth or gums with suppurative lesions. Such an examination shall also include a determination of the hemoglobin content of the donor's blood by means of a standardized or generally accepted hemoglobinometer, and no blood donor shall be accepted whose hemoglobin is found to be less than 85 percent of the normal for the method employed. Such examination shall further include a serological test for syphilis approved by the Department of Health, and cross matching of the donor's with the recipient's blood. No blood donor shall be used for transfusion purposes whose blood reacts positively to such a test for syphilis, or where there is demonstrated incompatibility between the blood of the donor and that of the recipient. The pulse and temperature of the blood donor shall also be taken and any indication that the donor's condition is not normal shall debar such donor from service at that time.

Regulation 6. Hospitals, institutions and physicians to keep record of transfusion.—The superintendent or person in charge of every hospital or institution shall keep a record of every blood transfusion performed in such hospital or institution, and the said record shall show:

- (a) The name of the physician or surgeon making the transfusion.
- (b) The name of the donor, and if a professional donor, the registration number.
- (c) The blood grouping classification.
- (d) The hemoglobin percent.
- (e) The results of the physical examination, of the serological test for syphilis of the donor, and of the cross matching test prior to transfusion.

- (f) The quantity of blood given.
- (g) The name of the patient.
- (h) The date of the transfusion and any untoward reaction which may have occurred.

A similar record shall be kept by a physician or surgeon of every transfusion performed by him outside of a hospital or institution. Such records shall be open to inspection by an inspector or other duly authorized representative of the Department of Health.

Regulation 7. Untoward reactions to be reported.—It shall be the duty of the superintendent or person in charge of every hospital or institution, as well as of every private physician, to report promptly to the Department of Health all instances in which a transfusion has been accompanied or followed by any blood stream infection or evidence of hemolysis such as hemoglobinuria, jaundice or death, associated with the transfusion. Such report shall give the name of the patient, date of transfusion, name of the donor, name of the physician in charge of the transfusion and any other pertinent facts.

Regulation 8. Transfusions in dire emergencies.—No transfusion shall be made otherwise than in accordance with these regulations, except in dire emergency. Such dire emergency shall be deemed to exist only when it can be presumed that the death of the patient would occur while awaiting the report of the cross-agglutination test or serological test for syphilis. No transfusion, however, shall take place in a case of dire emergency until a physical examination of the donor has been made and specimens of blood taken for a serological test for syphilis and for cross matching of the donor's and recipient's blood, which specimens shall be examined as soon as possible after the transfusion.

Regulation 9. Blood banks for transfusion purposes regulated; records to be kept:

(a) Blood collected and stored for subsequent use for transfusion purposes shall comply with the following conditions:

- (1) The blood shall be collected by a physician upon whom has been conferred the degree of doctor of medicine, or under his direction.
- (2) The blood shall be collected from a donor who has met all the requirements governing blood donors contained in these regulations.
- (3) The blood shall be collected aseptically into a sterilized container and treated with a proper anti-coagulant.
- (4) Additional blood specimens shall be collected from the donor and placed in separate tubes for the typing and serological tests and for subsequent cross matching tests with the recipient's blood. Such tubes shall be immediately and properly labeled for identification purposes, and the tube or tubes for subsequent cross matching tests shall be securely fastened to the container of the blood.
- (5) The blood shall have a hemoglobin content of not less than eighty-five percent (85%) of the normal for the method employed.
- (6) The blood shall have a white blood cell count not in excess of 10,000 white blood cells per cubic millimeter.
- (7) The blood shall react negatively to an approved serological test for syphilis.
- (8) The container of blood shall be securely sealed and remain sealed until used for transfusion or destroyed or disposed of for a purpose other than transfusion. It shall be legibly labeled immediately after collection of the blood with the date of collection, the donor's name, address, age, sex and color, the signature of the physician collecting the blood or under whose direction the blood was collected, and with the results of the blood grouping test and serological test for syphilis, as soon as the results of such tests have been reported.
- (9) The blood shall be stored aseptically and refrigerated at not more than five (5) degrees centigrade until immediately before use.

- (10) The blood shall not be used if it shows, at any time, evidence of hemolysis.
 - (11) The blood shall not be used later than eighteen (18) days after collection.
 - (12) Where blood has been placed in the refrigerator pending the tests required herein, and the result of any such test indicates that the blood does not conform with any of the requirements of this regulation, the same shall be immediately removed from the refrigerator and destroyed or disposed of for a purpose other than transfusion.
 - (13) Blood which shows evidence of hemolysis or is over-aged, as stated in paragraph 11 herein, shall be immediately removed from the refrigerator and destroyed or disposed of for a purpose other than transfusion.
- (b) Adequate and complete records of all specimens of blood stored in a blood bank shall be kept and shall be available at all times for inspection by an authorized representative of the Department of Health. These records shall include the following:
- (1) The date of collection, the amount collected, and the name of the physician collecting the blood or under whose direction the blood was collected.
 - (2) The donor's name, address, age, sex, color, registration number if a professional blood donor, and the results of the physical examination.
 - (3) The results of the blood grouping tests, serological tests for syphilis, the hemoglobin determination, and the white blood cell count.
 - (4) An entry showing the disposition of such blood and if used for a transfusion the quantity of blood given, the name of the patient, the date of the transfusion, the result of the cross matching test, and any untoward reaction which may have occurred.

(Adopted November 21, 1930 and amended March 14, 1939.)

Section 109. Blood donor agency.—No person shall conduct, maintain or operate a blood donor agency in the City of New York without a permit therefor issued by the Board of Health or otherwise than in accordance with the terms of the said permit and the regulations of the said Board.

Blood Donor Agency defined.—As used herein the term “blood donor agency” shall be taken to mean and include any office, registry, place or establishment which employs, engages or supplies or advertises or holds out to employ, engage or supply any person or persons whose blood is or may be used for transfusion purposes. (As adopted by the Board of Health, November 21, 1930.)

REGULATIONS

Regulation 1. Applications.—Applications for permits to conduct or manage a blood donor agency shall be made by the individual who proposes to conduct same, and if by a corporation, by an officer thereof and if by a co-partnership, by one of the members of the said co-partnership, upon official forms furnished for such purpose by the Department of Health.

Regulation 2. Certificate of registration of blood donors.—No blood donor agency shall employ or engage or supply any person as a blood donor unless such person shall have a blood donor's certificate issued to him by the Department of Health, and unless the said blood donor shall have in his possession an identification and personal record book in which shall appear the seal of the Department of Health, the date of registration, the photograph of the donor and his signature; no agency's certificate of registration shall be valid after one year from the date of issuance of same.

Regulation 3. Records.—In every blood donor agency a record shall be kept by the owner thereof in which shall appear the name, address and registration number of every blood donor listed in such agency. Such record shall also contain a brief statement of the service rendered by every blood donor furnished by such agency and shall show the

name of the physician who requested the service, the name of the patient served, the place where the transfusion occurred, the quantity of blood taken and the date of the transfusion. Such record shall be open to inspection by a representative of the Health Department at all times.

Regulation 4. Blood donors not to be used too frequently.—No blood donor agency shall supply or permit any blood donor to be used for transfusion purposes the hemoglobin content of whose blood shall be less than 85% of the normal for the method of testing employed.

Regulation 5. Permits not transferable.—A permit issued to a particular person, firm or corporation shall not be transferred to any other person or corporation without the written consent of the Health Department.

Regulation 6. Revocation.—A permit issued herein shall be revoked by the Board of Health for the violation of any of the above regulations.

Sanitary code section and regulations governing lying-in institutions and new-born nurseries.

Section 110. Lying-in Institutions and New-Born Nurseries regulated.—No person, organization or corporation shall conduct, maintain or operate a lying-in institution or a new-born nursery otherwise than in accordance with the regulations of the Board of Health.

Lying-in Institutions and New-Born Nurseries defined.—The term lying-in institution as used herein shall be deemed to mean any hospital, institution or place, excepting private homes, in which pregnant women are cared for and delivered of babies. The term new-born nurseries as used herein shall be deemed to mean any room, rooms or ward in such hospitals, institutions, or places, excepting private homes, in which new-born babies are cared for or treated. (Adopted December 14, 1937.)

REGULATIONS

Regulation 1. Maternity and Delivery Room Units.

(a) There shall be adequate isolation quarters for ill or infected mothers in all lying-in institutions. A mother shall be deemed infected if (1) she is a carrier or suspected carrier of, or affected with a communicable or suspected communicable disease or condition, or (2) if she nurses an ill or infected baby, or (3) if she is not delivered in a lying-in institution in which she is afterwards cared for. Ill or infected mothers shall be immediately isolated.

(b) There shall be provided and maintained a separate labor and delivery room unit with separate equipment for the delivery of normal or clean operative obstetrical cases and another such equipped unit for the delivery of ill or infected mothers. If the latter unit with separate equipment is not provided and the delivery of an ill or infected mother is carried on in the unit used for normal or clean operative obstetrical cases, the same shall be immediately and thoroughly cleansed, closed for 24 hours, and the equipment resterilized.

(c) The maternity ward or unit shall be maintained separate and apart from any medical or surgical service not intimately concerned with the delivery or puerperal period.

(d) Gynecological operative procedures shall be prohibited on maternity services, except such as are intimately concerned with the delivery or the puerperal period.

(e) Equipment of delivery rooms shall be limited to instruments and supplies necessary for immediate use. All other equipment and supplies shall be kept in outside supply rooms.

(f) All labor and delivery room units shall be equipped with proper apparatus and supplies for safeguarding the lives of the new-born infants and the mothers.

Regulation 2. New-Born Nurseries.

(a) Every lying-in institution shall maintain in good order one or more properly equipped nurseries which shall be an integral part of the maternity service.

(b) Separate isolation quarters shall be maintained at all times for the isolation of ill or infected babies. A baby shall be deemed infected if (1) a carrier or suspected carrier of, or affected with a communicable or suspected communicable disease or condition, or (2) if delivered of an ill or infected mother, or (3) if delivered outside of the lying-in institution. Such ill or infected baby shall be immediately isolated. The isolation quarters shall be in a division of the maternity service separated from the main nurseries.

(c) All nurseries, isolation quarters and the halls adjacent thereto, shall be adequately and properly lighted, ventilated and heated, protected from noise and odors and kept free from insects and vermin. These rooms and hallways shall at all times be maintained in good repair and in a clean and sanitary condition. Walls and ceilings of these rooms and hallways shall be so constructed as to be easily cleaned and washed.

(d) All bassinets shall be individually and completely lined with suitable clean material. The spacing between adjoining bassinets in all nurseries and isolation quarters shall be maintained at a minimal distance of six inches on all sides. Where a carrier system is used, the bassinets shall also be so arranged that the face of the infant is at least six inches below the level of the top of the bassinet. The suspension of bassinets on double tier racks shall be prohibited.

(e) Where common dressing, bathing or diapering tables are used these shall be draped with sterile linens or suitable clean paper sheeting for each baby immediately before use.

(f) The weighing scale shall be draped with sterile linens or suitable clean paper sheeting for the weighing of each baby immediately before use.

(g) Individual sterilized rectal thermometers shall be provided for each baby.

(h) Common or group baby carriers for taking newborn babies for feeding to their mothers shall be prohibited,

unless they are provided with bassinets arranged in accordance with paragraph d of this regulation.

(i) Each and every nursery shall be provided with running hot and cold water. The isolation quarters, if newly constructed or altered after January 1, 1938, shall be provided with running hot and cold water.

(j) Each and every nursery and the isolation quarters of such nursery shall be provided with proper receptacles for the temporary disposal of soiled linen, diapers and waste. Such soiled articles shall be removed immediately or within a reasonable time from the nursery or isolation quarters.

(k) All bottles and nipples used for feeding babies shall be thoroughly cleansed in the nursery quarters before return to the formula room or suite.

(l) Anything coming in contact with or introduced within the baby's nose or mouth, must be made sterile and handled only by a person who has scrubbed his or her hands. All tongue depressors, applicators, ear specula, and other examining instruments shall be standard nursery equipment and separate sets shall be maintained for each nursery and for each isolation quarter, and shall be sterilized before use for each baby. The bowls of stethoscopes shall be cleaned with a proper solution of alcohol, cresol or other disinfectant before use for each baby.

(m) All gauze, cotton, swabs or other materials intended for use in the care of the baby shall be sterilized and kept or stored in sterile containers.

(n) Equipment of the nursery shall be limited only to furnishings and supplies necessary for the immediate care of the infants.

(o) Dry dusting or sweeping shall be prohibited in all the nurseries and adjoining hallways.

Regulation 3. Special Requirements for the Care of Premature Infants.

(a) In addition to all other requirements under these

regulations, the provisions of this regulation shall also be observed in the care of premature or immature infants. For the purposes of this regulation, such infants are defined as infants of a birth weight of 2,500 grams or less.

(b) All nurseries in which such infants are cared for shall be equipped so that optimal temperatures and satisfactory humidity may be maintained at all times, either by cribs equipped for this purpose or by other approved methods.

(c) Premature or immature infants delivered outside the lying-in institution in which afterwards cared for, shall be admitted to a special premature isolation nursery, other than the isolation unit for full term ill or infected infants, equipped in accordance with Regulation 3b, for a period of observation to assure the absence of infection, before being transferred to the nursery to which finally assigned.

(d) Not more than one unit of three premature infants shall be under the care of one nurse either day or night. In determining the assignment of nurses to units made up of both premature and full-term infants, nursing care shall be provided on this same ratio, calculating the care of one premature infant as equal to that of every three (3) full-term infants.

(c) Nurses assigned to the care of premature or immature infants shall be restricted to duty in nurseries caring only for healthy infants.

Regulation 4. The New-Born Nursery Laundry. — All nursery linens, including diapers and articles of infants' clothing, shall be kept separate from linens of other parts of the hospital and when soiled shall be washed and sterilized separately from the linens of other parts of the hospital, in a separate laundry or in the same laundry at definite periods set aside for the laundering of these nursery linens only. Such sterilization shall consist of boiling the linens in water for fifteen (15) minutes and of thorough rinsing in clean water, or of another approved method of sterilization.

Regulation 5. Formula Room or Suite.

(a) A formula room or suite shall be maintained in all lying-in institutions, specifically for the purpose, completely separated from any diet kitchen, pantry, scullery, or other place of food storage or preparation.

(b) The formula room or suite shall be provided with adequate refrigeration facilities for formulas and milk supplies, and with adequate sterilization facilities for the sterilization of bottles, nipples, bottle caps and other formula preparation utensils.

(c) Any nurse or dietitian preparing or assisting in the formula room or suite in the preparation of formulas for babies of the new-born nurseries, shall follow an aseptic technic.

(d) All bottles, nipples, bottle caps and other formula preparation utensils shall be adequately sterilized in the formula room or suite before use in preparing or bottling formulas. Nipples may be sterilized in the nurseries immediately before use.

(e) Each baby shall have its individual set of properly labeled bottles sufficient for a day's feeding. The storing of formula feedings in bulk is prohibited.

Regulation 6. Accessory Rooms.—In lying-in institutions where ritual circumcision is done, a separate room shall be maintained for this purpose, which room shall be completely divided by a glass partition of at least six (6) feet in height. One side of this room shall be used for the circumcision procedure and the other side for witnesses. All persons concerned with the ritual circumcision shall follow the aseptic technic outlined in Regulation 14a, and all procedures connected therewith shall conform to this technic.

Regulation 7. Sanitary Equipment.—All nurseries, isolation quarters, formula rooms, examining rooms, labor and delivery rooms, and maternity rooms or wards, shall each have adequate facilities for the scrubbing of hands, suitable disinfectant solution, and receptacles for the efficient temporary disposal of soiled linens and waste. All plumbing, plumbing fixtures, sterilizers and other

similar equipment shall be so constructed, installed and maintained as to prevent cross connections or other sanitary hazards.

Regulation 8. The Nursing Staff.

(a) A separate nursing staff under the supervision of a registered graduate nurse shall be maintained, both day and night, in the nurseries and isolation quarters concerned with the care of the new-born. Not more than ten babies shall be under the care of any one individual nurse at any time during the day, and not more than twenty babies under the care of one individual nurse during the night. In so far as possible the same nurse shall be assigned daily to the same group of babies.

(b) Nurses assigned to formula room duty shall be prohibited from doing any type of duty at any time which may bring them in contact with a septic or infected patient in any part of the hospital.

(c) Nurses assigned to the nurseries shall wash their hands thoroughly with soap and hot water after changing or diapering each baby, or at any time should soiling of the hands occur. If at any time during the feeding of any baby it becomes necessary to handle or change the nipple of a feeding bottle, the nurse shall wash her hands thoroughly with soap and hot water and change or handle the nipple by means of sterile forceps, or in such other manner that the hands of the nurse will not come in contact with that portion of the nipple entering the baby's mouth.

(d) All nurses assigned to the isolation quarters shall be prohibited from entering the regular or the premature nurseries.

(e) Private nurses may be admitted to the nurseries of private pavillions, provided they comply with all the prescribed regulations as outlined in Regulation 13a.

(f) No persons shall enter the nurseries or the isolation quarters except those immediately concerned with the care of the new-born.

Regulation 9. The Medical Staff.—The medical board

or other governing body of such hospital or institution shall designate whether the new-born nurseries are under the supervision of the obstetrical or pediatric service. Such designation shall be in writing, and kept on file in the office of the superintendent and be available for inspection at any time by a representative of the Department of Health.

Regulation 10. Maternity and New-Born Service Case History Records.—Complete and detailed case history records shall be kept of the progress of all maternity patients and their babies, and be available for inspection at any time by a representative of the Department of Health.

Regulation 11. Examination of Maternity and New-Born Service Personnel.

(a) All personnel on duty on the maternity or new-born services, when these regulations go into effect, shall be examined by a physician designated by the hospital management and be certified by him as showing no evidence of communicable disease or a respiratory, urinary or fecal carrier state.

(b) All new personnel shall be similarly examined prior to assignment to the new-born nursery service.

(c) All personnel on duty on the maternity or new-born services shall report immediately to a physician designated by the hospital management, any indisposition however slight; such individuals and all individuals absent from duty because of any illness whatever, shall be excluded from the maternity and new-born services until examined by the physician designated for the purpose and certified by him, in writing, to the superintendent, as not suffering from any condition that may endanger the health of the mothers or babies. All such certifications shall be kept on file in the office of the superintendent and shall at all times be open to inspection by a representative of the Department of Health.

Regulation 12. Examination of Maternity Patients.—All maternity patients shall have a complete history taken, a thorough physical examination, and inquiry made

on admission as to any infection. Any history or examination that reveals a communicable or suspected communicable condition or disease or a respiratory, urinary or fecal carrier state shall be sufficient cause to have such patients isolated.

Regulation 13. The Care of the New-Born Baby.—The newly born infant shall be examined for hemorrhage, injuries, defects or signs of infection immediately upon delivery and be further observed daily. If any infection is found or suspected, the baby shall be isolated immediately. All babies shall be re-examined at the time of discharge.

Regulation 14. The Aseptic Nursery, Maternity Ward, Delivery Room and Feeding Techniques.

(a) All doctors, nurses and other professional hospital personnel in attendance on babies in any of the new-born nurseries or isolation quarters shall before entering such quarters, remove coats or other outer clothing, bare their arms to the elbows, wash their hands and arms thoroughly with soap and hot water and put on clean caps, gowns and masks. Non-professional personnel such as porters, maids, scrubwomen, etc., before entering any nursery quarters, shall similarly don a clean cap, gown and mask. In addition all personnel shall thoroughly wash their hands with soap under running hot water before and after the handling of each baby. Babies shall be handled as little as possible, and in strict accordance with a clean technique as close to that of an aseptic procedure as is possible.

(b) All doctors, nurses and other hospital personnel before attendance upon maternity patients, shall wear a clean white coat, gown or uniform and in addition, at the time of perineal care or at the time of pelvic or perineal examination for diagnostic or therapeutic purposes, shall also wear a cap and a suitable mask.

Regulation 15. Visitors and Visiting Hours.

(a) Visiting hours to maternity services shall be set at such a time as not to coincide with the hours when the new-born infants are in the maternity ward or rooms for

nursing by their mothers. There shall be a minimum of visiting permitted on all maternity services.

(b) Visitors or individuals not connected with the direct care of the babies shall be prohibited from entering the new-born nurseries at any time.

(c) Children under 14 years of age shall be prohibited from admittance to any maternity ward at any time.

Regulation 16. **Copy of Regulations to be Kept Readily Available.**—A copy of these regulations shall be kept on the maternity service of all lying-in institutions for the information and guidance of all personnel connected with such service. (Adopted December 14, 1937 and amended January 10, 1939.)

Lead nipple shields prohibited.

Section 111. **Sale or use of lead nipple shields prohibited.**—No person shall use or have, keep, sell or offer for sale in the City of New York, any metal or foil breast nipple shield made of or containing lead. (Adopted June 8, 1939.)

The use of living vaccines is prohibited, except as specially sanctioned by the Board of Health.

Section 120. **Living bacterial and other microorganisms.**—The use of living bacterial organisms in the inoculation of human beings for the prevention or treatment of disease and the sale or distribution of any preparation containing living microorganisms capable of causing infection in man or animals are prohibited until full and complete data regarding the method of use, including a specimen of the culture and other agents employed therewith, and a full account of the details of preparation, dosage, and administration shall have been submitted to the Board of Health of the City of New York and permission shall have been granted in writing by said Board for such use, sale, or distribution. (As amended by the Board of Health, December 21, 1915.)

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Free antitoxins and vaccines for the indigent.

Section 121. **Free distribution of vaccine, antitoxin, serum and cultures regulated.**—Any duly licensed physician who shall find it necessary to administer any antitoxin, serum, culture or any vaccine other than smallpox vaccine virus, to a patient too poor, or dependent upon another or others too poor to pay for such vaccine, antitoxin, serum, or culture, may receive, free of charge, the requisite quantity thereof upon application to the Department of Health or any of its duly authorized agents, provided that such physician shall sign a stipulation to the effect that he or she, as the case may be, will not exact or receive from such patient any pay for such vaccine, antitoxin, serum or culture.

Any such physician, however, who shall exact or receive such pay after having signed such stipulation shall be deemed to have violated the provisions of this section.

Every such stipulation shall be filed in the Department of Health. (Amended February 9, 1937.)

Foodhandlers must be free from communicable diseases.

Section 146. **Employment of persons affected with a communicable disease prohibited; medical certificate required where milk is produced, pasteurized, etc.**—No person who is affected with any disease in a communicable form or is a carrier of such disease shall work in any place where food or drink is prepared, cooked, mixed, baked, exposed, bottled, packed, handled, stored, manufactured, offered for sale, or sold, and no food dealer shall employ any such person or any person suspected of being affected with any disease in a communicable form or of being a carrier of such disease.

No person producing milk in the City of New York for the purpose of sale and no wholesale dealer in milk or cream or operator of a creamery or of a milk or cream receiving station, pasteurizing or bottling plant or manufacturer of frozen desserts at wholesale in the City of

New York or whose products are shipped into said City shall employ any person and no person shall work in such place, unless he has filed with his employer a medical certificate signed by a duly licensed physician stating the date of examination and that such person is free from any disease in a communicable form. Such medical certificate shall be good for one year from the date of such examination. (As amended by the Board of Health December 12, 1915, April 25, 1916, March 1, 1923, January 24, 1933 and further amended September 18, 1934.)

Parents and guardians are responsible for vaccination of minors.

Section 199. **Vaccination; duties of parents, guardians, and others.**—Every person, being the parent or guardian, or having the care, custody, or control, of any minor, or other individual, shall (to the extent of any means, power, and authority of said parent, guardian, or other person that could properly be used or exerted for such purpose) cause such minor or individual to be so promptly, frequently, and effectively vaccinated that such minor or individual shall not take, or be liable to take the smallpox. (S. C. Sec. 147.)

Prevention of ophthalmia neonatorum.

Section 201. **Precautions to be observed by physicians, nurses, midwives or other attendants for the prevention of ophthalmia neonatorum in the eyes of all new-born children.**—It shall be the duty of every physician, nurse, midwife or other person in attendance on a confinement case, to instill in the eyes of the new-born child, immediately after delivery and before the expulsion of the after-birth, a one (1%) per cent solution of nitrate of silver or an equally effective agent in order to prevent the development of ophthalmia neonatorum in the eyes of all new-born children. (As adopted by the Board of Health, August 10, 1922.)

Registration of physicians.

Section 218. **Physicians required to register in the Department of Health.**—Every physician practicing in the City of New York shall register his or her name and address, and every change of address, in the office of the Bureau of Records of the Department of Health. (S. C. Sec. 160.)

Violation of the Sanitary Code a misdemeanor.

Section 224. **Punishment for violation of the Sanitary Code.**—Any violation of the Sanitary Code of the Board of Health of the Department of Health of the City of New York shall be punished in the manner prescribed by Sections 1740 and 1937 of the Penal Law of the State of New York, Section 558 of the New York City Charter, and Section 564-6.0 of the Administrative Code of the City of New York (Amended May 10, 1938.)

Special requirements for births, deaths and communicable diseases on vessels.

Section 351. **Duties of masters, chief officers, and physicians.**—Every master and chief officer of any vessel, and every physician of, or who has practiced on, any vessel, which shall arrive in the port of New York from any other port, shall at once report to the Department of Health any facts connected with any person or thing on said vessel, or that came thereon, which he has reason to think may endanger the public health of the City of New York; and he shall report the facts as to any person thereon being or having been sick of an infectious disease, and as to there being or having been thereon during the voyage or since the arrival of any such vessel any infected person or articles. (S. C. Sec. 151.)

Section 353. Vessels not in quarantine; duty of master, chief officers, and consignee to make daily reports.—The master, chief officer, and consignee, of every vessel not being in quarantine, or within quarantine limits, but being within one-fourth of a mile of any dock, wharf, pier, or building of the City of New York, shall daily report to the Department of Health, or cause to be reported there-to, in writing, the particulars, and shall therein state the name, disease, and condition, of any person in or on such vessel who is sick of any infectious disease. (S. C. Sec. 149.)

Section 354. Removal of persons sick of an infectious disease prohibited.—No person shall bring into the City of New York from any infected place, or land at or take into the said City from any vessel lately from an infected port, or from any vessel or building in which has lately been any person sick of an infectious disease, any article or person whatsoever, nor shall any such latter person land or come into said City, without a permit therefor issued by the Board of Health or otherwise than in accordance with the terms and conditions of said permit; and it shall be no excuse that the person so offending, or the article involved in the offense, has passed through quarantine, or that a permit therefor has been obtained from any other source than the said Board. (S. C. Sec. 156.)

Section 355. Removal of persons and articles exposed to infectious diseases restricted; permit required.—No captain, officer, consignee, owner, or other person in charge of any vessel (or having right and authority to prevent) shall remove or aid in removing from any vessel to the shore (save as legally authorized by the United States Public Health Service for the removal into quarantine grounds and buildings under their jurisdiction) any person sick of, or person that has been exposed to and is liable very soon to develop, any infectious disease, or so remove or aid in removing any articles that may have been exposed to the contagion of any such disease, without or

otherwise than in accordance with the terms and conditions of a permit therefor issued by the Board of Health. (S. C. Sec. 154.) (Amended April 15, 1936.)

Section 357. Births, and deaths; duty of officers, surgeons, and others to report.—The master, chief officer, ship's surgeon, or the company, corporation, charterer, or person having the management and control, of any vessel which shall arrive at the port of New York shall report, in writing, to the Department of Health of the City of New York, within three days after the arrival of such vessel, the death of any resident of said City, or the birth of any child, whose parents are residents or parent is a resident of said City, occurring thereon at sea, and shall file in the Bureau of Records of said Department a transcript of the entry made in the log book of such vessel, in respect to any such death, or birth. A transcript of any death, or birth filed as aforesaid may be issued, in the discretion of said Department, to any person entitled to receive the same. To take effect January 1, 1938. (S. C. Sec. 151a.) (Amended December 14, 1937.)

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